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8	WORKER ADVOCACY ADVISORY
9	PUBLIC HEARING AND COMMITTEE MEETING
LO	Doubletree Hotel
L1	Westminster, Colorado
L2	August 29, 2001
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1 (The following proceedings were had at 8:11
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- 2 a.m.)
- 3 CHAIRWOMAN SPIELER: I'd like to call
- 4 this meeting to order, please.
- 5 Good morning. I'd like to welcome you
- 6 to -- is this working -- to the public -- to the public
- 7 meeting of the Workers' Advocacy Advisory Committee.
- 8 We'll be meeting today from now until
- 9 about 2:45 this afternoon, when a number of people are
- 10 going to have to leave. I'm not sure we'll have a
- 11 quorum after that point, so if we have to cut in on --
- on our lunch hour, we may have to do that just -- we'll
- 13 see.
- It's been the practice of this committee
- 15 to go around the room and have everybody in the room
- 16 introduce themselves before we get started, and I would
- 17 like to do that today.
- 18 My name is Emily Spieler, and I am
- 19 chairman of this committee. Les, would you like to
- 20 start off, please.
- MR. BODEN: My name is Les Boden, and
- aside from my mouth being full, I'm a professor at
- 23 Boston University School of Public Health.
- MS. HATFIELD: My name is Vikki
- 25 Hatfield, and I'm the community representative and I'm

- 1 from Oak Ridge, Tennessee.
- 2 MR. OLSEN: My name is Mark Olsen. I'm
- 3 from the Idaho National Engineering and Environmental
- 4 Laboratory.
- 5 MR. ELLENBERGER: I'm Jim Ellenberger.
- 6 I'm a consultant with PACE International Union.
- 7 MR. ELISBURG: I'm Don Elisburg. I'm an
- 8 attorney from Potomac, Maryland.
- 9 MS. POST: Iris Post, I'm the Iowa
- 10 worker's compensation commissioner, representing the
- 11 state of Iowa.
- MR. SHOR: Glenn Shor from the
- 13 California Division of Worker's Compensation,
- 14 representing the State of California.
- MR. BURTON: John Burton, professor at
- 16 Rutgers University in New Jersey.
- 17 DR. MUELLER: Kathryn Mueller. I am an
- 18 occupational medicine physician. I'm an associate
- 19 professor at the University of Colorado Health Sciences
- 20 Center.
- 21 MR. BLEA: My name is Rick Blea. I'm a
- 22 labor member from the union.
- DR. MARKOWITZ: Steve Markowitz. I'm a
- 24 professor at the City University of New York, and an
- 25 occupational medicine physician.

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1 MS. CISCO: I'm Jeanne Cisco. I'm from
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- 2 Portsmouth Gaseous Diffusion Plant. I'm with PACE and
- 3 I'm a member representative.
- 4 DR. WAGNER: I'm Greg Wagner, and I'm an
- 5 occupational medicine physician working for the
- 6 National Institutes for Occupational Safety & Health,
- 7 but I'm not here representing the National Institute
- 8 for Occupational Safety & Health.
- 9 MR. ELLIOTT: I'm Larry Elliott, with
- 10 the National Institute for Occupational Safety &
- 11 Health, the director of office of compensation analysis
- 12 and support.
- 13 MR. CARY: I'm Steve Cary, the acting
- 14 Assistant Secretary for environmental safety and health
- 15 for the Department of Energy. Since Paul Seligman's
- 16 departure, I'm also the acting director of the Office
- 17 of Worker Advocacy.
- 18 CHAIRWOMAN SPIELER: I'd like to note
- 19 there are a couple of people who are absent: Dr. Laura
- 20 Welch and Len Martinez were both unable to join us for
- 21 this meeting. And since our last meeting, we've had a
- 22 couple of resignations from this committee.
- 23 Dr. Rudolph resigned because of accepting a new -- a
- 24 new job, and Inga Taylor resigned because of her own --
- 25 her other job responsibilities.

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1 I'd like to ask the people sitting in
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- 2 the room, since there aren't very many of you, to
- 3 introduce yourselves, and I gather there's someone on
- 4 the telephone? Two people on the telephone who I would
- 5 also have -- introduce them for the record, please.
- 6 Will those of you who are on the
- 7 telephone please introduce yourselves?
- 8 MR. MICHAEL: David Michael.
- 9 MS. GANGI: Claudia Gangi, with Justice.
- 10 CHAIRWOMAN SPIELER: I didn't get the
- 11 second name. I'm sorry.
- MS. GANGI: Claudia Gangi.
- 13 CHAIRWOMAN SPIELER: Okay. Right.
- 14 Okay. The rest of you.
- MR. McDOUGAL: I'm Vern McDougal. I'm a
- 16 contractor, NEH.
- 17 MR. FALCO: I'm Joe Falco. I'm with the
- 18 DOE Office of Worker Advocacy.
- 19 MS. KIMPAN: Kate Kimpan. I'm with the
- 20 DOE Office of Worker Advocacy.
- 21 MR. KOHLER: Ronald Kohler, representing
- 22 the Homesteaders, which is a retiree organization from
- 23 Rocky Flats.
- MS. LUTZ: Karen Lutz with the
- 25 Department of Energy at Rocky Flats.

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1 MR. LEETZ: Gary Leetz, Department of
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- 2 Energy, Rocky Flats.
- 3 MR. BISTLINE: Al Bistline, Department
- 4 of Energy, Rocky Flats.
- 5 CHAIRWOMAN SPIELER: Welcome to
- 6 everyone. We have a pretty full agenda today. I'd
- 7 particularly like to welcome Mr. Cary to our meeting.
- 8 Before we proceed, we have two sets of
- 9 minutes, I think, that we have not reviewed and
- 10 accepted the minutes from the -- I'm sorry.
- 11 MR. BODEN: Could the person who is in
- 12 charge of the audio turn down the feedback we're
- 13 getting from the telephone people?
- 14 MS. KIMPAN: Could the callers hit the
- 15 mute buttons?
- 16 CHAIRWOMAN SPIELER: I'm sorry, but the
- 17 noise is very distracting. It's coming --
- MR. BODEN: Turn it up.
- 19 CHAIRWOMAN SPIELER: There seems to be
- 20 some kind of feedback from the phone system. Thank
- 21 you.
- 22 We had minutes from two meetings: The
- July 20th conference call and the meeting prior to
- 24 that, I believe, which -- in which we did not discuss
- 25 the minutes.

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1 DR. WAGNER: Maybe there's a mute button
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- 2 that David and Claudia could use.
- MR. BODEN: Why can't he just turn the
- 4 sound off that's coming into the room? You can't do
- 5 that?
- 6 AV OPERATOR: I can turn them all the
- 7 way down.
- 8 CHAIRWOMAN SPIELER: Okay. Are the
- 9 minutes acceptable in their current form or -- Greg?
- DR. WAGNER: For the April 26, 27
- 11 minutes, I noticed a number of both editorial and some
- 12 substantive things that didn't seem quite right. I was
- 13 wondering if we could defer acceptance of the minutes
- 14 at this point until either later in this meeting or the
- 15 next meeting when we might have an opportunity to
- 16 suggest revisions.
- 17 CHAIRWOMAN SPIELER: I have no problem
- 18 with deferring consideration of the minutes from the
- 19 prior meetings. And -- but if there -- if we don't get
- 20 to it today, I would like to ask people to submit
- 21 revisions via e-mail to the other members of the
- 22 committee so that perhaps we can ratify the minutes and
- 23 not postpone it until a subsequent meeting. Is that
- 24 acceptable to everyone?
- Okay. As is our tradition, we will

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1 start this meeting with status reports from the
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- 2 representatives of the various components of the
- 3 implementation of the act: Department of Energy, the
- 4 Department of Labor and NIOSH and the Department of
- 5 Justice. I believe that Pete Turcic from DOL and
- 6 Claudia will be reporting to us by telephone.
- 7 I'd like to first turn this over --
- 8 Steve, did you want to go first? Mr. Cary?
- 9 MR. CARY: That's fine. It's a pleasure
- 10 to be here, and it was great having dinner and meeting
- 11 so many of you last night.
- 12 Since the last meeting, we've made a lot
- 13 of progress at our Resource Centers. From what I've
- 14 heard from my staff -- there's a mic right here. This
- 15 will work.
- I think from your visit to the Resource
- 17 Center last night, some of our success has been borne
- 18 out with the way these were planned and designed and
- 19 staffed and trained.
- 20 We have ten Resource Centers that are
- 21 now up and running. I've looked at some of the
- 22 statistics recently and we're getting between -- the
- 23 first four weeks, between 7- to 900 claimants a week
- 24 coming into our centers. Some of the centers are
- 25 getting more than others. Oak Ridge is consistently

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1 getting more than 200 a week. Paducah is getting a lot
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- 2 and so is Hanford, as well. Some of the other sites
- 3 aren't getting as many, but it's interesting that the
- 4 Espanola site, after a public meeting, the number
- 5 bounced right up, so it'll be a couple more months
- 6 before we start to see what the continuous traffic is.
- 7 When I talk about plant claimants coming
- 8 to the sites, there are really three ways that they
- 9 contact our Resource Center sites: Through telephones,
- 10 through scheduled interviews, or just walking in.
- 11 In talking with our folks at Oak Ridge
- 12 who do the interviews, they are saying it's taking
- about an hour per claimant. And I think over time,
- 14 that will probably diminish, but we feel it's
- 15 appropriate now because many of the folks coming in are
- 16 elderly, many families are coming in, and they are not
- familiar with DOE or what's going on.
- 18 So it ends up being a very fruitful and
- 19 sensible use of the time of the folks at the Resource
- 20 Centers to get the claimants up to speed and to answer
- 21 their questions and make them feel comfortable with the
- 22 program.
- One of our concerns is outreach beyond
- 24 the sites where we have Resource Centers and we're
- 25 planning, with the Department of Labor, to go to

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1 southern California next month and to Amarillo and have
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- 2 satellite offices that will be open and a facility like
- 3 this, ballroom, in a hotel, motel -- we'll advertise
- 4 before we get there -- and we'll have trained Resource
- 5 Center folks from some of the offices, the Resource
- 6 Centers that aren't busy essentially in motion, going
- 7 to those locations where we need to get a presence.
- And our hope is to make sure we hit the
- 9 major metropolitan areas and the major regions of the
- 10 country where we would have former workers. That would
- 11 be a -- a benefit from -- from having an office and
- 12 getting information about the program.
- 13 The second item I want to talk about is
- 14 our position panel rule. We've been working for the
- 15 last three weeks with OMB and the Department of Labor
- 16 and Health and Human Services to get a rule out.
- 17 We've -- just before I came here, I prepared the
- 18 correspondence to the Secretary so that the rule could
- 19 be published. Our hope is the rule will be published
- in the Federal Register next week. It's a proposed
- 21 rule out for a 30-day comment period.
- 22 Once we get the Secretary's signoff, we
- 23 will get you copies of the rule as quickly as possible.
- 24 What we have found in dealing with the
- other agencies is that there was a -- a considerable

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divergence of opinion on the roles of DOE, States, and
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- 2 the physician panels. So what we did was invite
- 3 comment, really, on a series of -- of possible options
- 4 so that -- so that we can get as much information as we
- 5 can from the public, from our stakeholders, and move
- 6 forward with a rule, hopefully, in a month and a half
- 7 and get the program started.
- 8 The final item I have are the State
- 9 memoranda of understanding, State MOU's. Kate Kimpan
- 10 has been working since last October, communicating with
- 11 the various states that are going to be important in --
- in administering what really is the DOE part of the
- 13 program.
- In the course -- since the last meeting,
- 15 we've sent out a generic MOU to the States to give them
- some sense of where we plan to go. We've been advised
- 17 by general counsel at DOE not to proceed further until
- 18 we see the outcome of the physician panel rule because
- 19 that'll -- that'll have a lot to do with our
- 20 relationship, our dealings with the States.
- 21 What we're trying to focus on, so we can
- 22 get the program up quickly, are those states that have
- 23 flexibility where we already have a good relationship,
- so that at least in those states, once the rule goes
- 25 through, we can move quickly with the MOU to get the

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1 program started and -- and use those sites as models
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- 2 for the rest of the states as it's appropriate.
- 3 And that's my report. There are many
- 4 other things going on, but I don't want to steal
- 5 thunder from HHS and DOL.
- 6 CHAIRWOMAN SPIELER: Maybe it would be
- 7 appropriate for people to ask questions now of Mr. Cary
- 8 before we move on to the NIOSH, DOL, and DOJ reports.
- 9 MR. OLSEN: Steve, do you have any
- 10 statistics on how many claims to date have been filed
- 11 total?
- 12 MR. ELISBURG: The total is about 6,000.
- 13 MR. CARY: I have some as of last week.
- 14 This is as of August 18th. I have 2,634 here. Is
- 15 that -- is that the right number?
- MR. FALCO: Repeat the question.
- MS. KIMPAN: Total --
- 18 MR. CARY: Total number of claims filed.
- 19 MR. FALCO: The latest report we had had
- 20 us up to about 3600.
- 21 MR. CARY: 3600. This was as of the
- 22 18th.
- MR. ELISBURG: At yesterday's claims
- 24 subcommittee processing subcommittee, John Eagan
- 25 advised us that there had been 6,000 claims filed for

1 DOL and 200 claims filed for the worker's compensation.

- 2 Was that incorrect?
- 3 MR. CARY: No. He's my staff on this.
- 4 MR. EAGAN: I did not have a direct
- 5 count, Don, but it was -- under 200 have been filed so
- 6 far. Those are -- those are the requests for physician
- 7 panels. Not -- not claims.
- 8 MR. ELISBURG: But the other was you
- 9 told us that in the DOL side, there were 6,000 claims
- 10 filed.
- 11 MR. EAGAN: That's what we were informed
- 12 by DOL, and you should confirm that when they give
- 13 their presentation.
- 14 MR. ELISBURG: All my question is is it
- 15 3600 or 6,000? I'm not trying to hassle --
- MR. EAGAN: They have received a
- 17 tremendous amount of mail-in materials from atomic
- 18 weapons employers, employees, and their families, so
- 19 there's no discrepancy in those numbers.
- MR. OLSEN: What's the 6,000 for, what's
- 21 the 3600 for?
- MS. KIMPAN: The 3600 are people that
- 23 have visited Resource Centers in total. From those, we
- 24 have a set of people that have requested to go before a
- 25 physicians' panel. That's between 2- and 300 where

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we're developing actual claims files at headquarters.
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- 2 The 6,000 are what DOL reported to Jeff that they had
- 3 received from every aspect of their program around the
- 4 country, including, as Jeff points out, people that
- 5 wouldn't be eligible to go before a physicians' panel,
- 6 the atomic weapons employees and the like.
- 7 MR. ELISBURG: Excuse me. You're giving
- 8 us apples and oranges here. I think we need to know
- 9 what are the number of Federal claims that you're
- 10 considering the Department of Labor has?
- MR. EAGAN: 6,000.
- MS. KIMPAN: 6,000.
- 13 MR. ELISBURG: And that includes people
- 14 who have come to the Resource Centers and filed a
- 15 Federal claim?
- MS. KIMPAN: It may, yes. Yes.
- 17 CHAIRWOMAN SPIELER: I see --
- 18 MR. ELISBURG: I don't want to quibble.
- 19 CHAIRWOMAN SPIELER: It seems to me that
- 20 questions with regard to the number of DOL claims, we
- 21 should address to Pete Turcic. I actually think we
- 22 should focus now on the OWA component of the program.
- MR. ELISBURG: Excuse me. I am
- 24 trying -- I was about to give a report on behalf of the
- 25 subcommittee that was going to commend the Department

- of Energy for handling 6,000 Federal claims in a month.
- 2 I am then sitting here this morning being told that I
- 3 should only commend them for 3600 claims in the month.
- 4 That's fine. I'm trying to understand the information
- 5 I was given within the last 24 hours.
- 6 CHAIRWOMAN SPIELER: Okay. I think we
- 7 understand now.
- 8 MR. ELISBURG: That's all I want to
- 9 know. I'm not arguing about the 200.
- 10 CHAIRWOMAN SPIELER: Don, please, I'd
- 11 really like to move this meeting along. Thank you.
- 12 MR. BODEN: Another set of numbers that
- 13 I'm trying to put together, when we visited the local
- 14 Resource Center yesterday, they told us that they had
- 15 filed a request for a physician panel for everybody who
- 16 came to them. And I'm trying to now compare that,
- 17 which I think is about 300 people, just for the Rocky
- 18 Flats -- the Denver office with the 200 number that you
- 19 just gave me for the number of requests for physician
- 20 panels nationwide. So, again, if you could help me
- 21 understand how those two numbers fit together, I'd
- 22 appreciate it.
- MR. FALCO: Most of our Resource Centers
- 24 have only been open for three weeks. Much of that
- 25 material is still coming in to DOE, so there is a lag

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1 there at -- they have seen approximately 100 people a
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- week. I don't think there's any concern at this point.
- 3 We -- much of this material is coming through our mail
- 4 processing department and then being routed to the
- 5 Office of Worker Advocacy.
- 6 MS. KIMPAN: Last week, Les, there were
- 7 nearly 300 claims files begun at the headquarters of
- 8 the Office of Advocacy, but I have to say, I, like
- 9 Steven and others, have been very involved in the rule
- 10 and they were coming in in stacks this big per day. So
- 11 any count that I gave you based on even Thursday --
- 12 Thursday and Friday, we're getting envelopes at least
- 13 this size from every center every day. So part of it
- 14 is about getting these logged in in a time clock way
- and beginning a physical file that will become a
- 16 potential claims file.
- You need to know that those, quote,
- 18 unquote, claims -- and that could be where there are
- 19 different numbers -- are very different things. If you
- 20 say who has really requested to go before a physicians'
- 21 panel, that's between 2- and 300 that we have in
- 22 headquarters per the middle of last week. There are
- 23 many forms that have come in.
- 24 Clearly, those filled out in association
- 25 with the Federal claim for which there is no request

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for wage replacement benefit, no request for an actual
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- 2 review of condition, but merely I was exposed and am
- 3 preserving my future right to claim -- so the quality
- 4 of those requests, if you will, is quite variable.
- 5 There are people that say I have asbestosis and I'd
- 6 like to go before a panel and people who merely say I
- 7 have filled a DOL form and I filled this one out, too.
- 8 And there's a wide array of -- those 300
- 9 do not look at all uniform, other than they have come
- on an OWA-1 saying a request to go before a physicians'
- 11 panel, associated often with a medical release and
- 12 associated often with a copy of the DOL claim file.
- MR. BODEN: So just to try to clarify,
- 14 you have in hand at the national office 300 requests
- for physician panel review. There may be any unknown
- 16 number of such requests that you have not yet logged,
- 17 either, because they haven't yet come into your office
- 18 or because you haven't opened up a package and logged
- 19 it?
- MS. KIMPAN: Correct.
- 21 MR. BODEN: So this may not be a very
- good time to get a feel for how many of these there
- 23 are.
- MS. KIMPAN: We can certainly report out
- 25 to you at the end of each week. You know, how many

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1 we've logged in or at the end of the month, whatever
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- 2 the appropriate period -- how many we've logged in and
- done an actual physical file on. But it's, right now,
- 4 a quite moving number.
- 5 MR. BODEN: On the other hand, you have
- 6 this roughly 3200 files that have come in and,
- 7 presumably -- 3200 Federal requests that have come in
- 8 and presumably, there -- there wouldn't be any missing
- 9 requests for physician panels that were associated with
- 10 those files?
- 11 MS. KIMPAN: Someone could make --
- MR. BODEN: It might be fair to think
- 13 that there's less than one in ten of those that
- 14 actually has a physician panel request?
- MS. KIMPAN: Correct.
- MR. CARY: I think what you're bringing
- 17 up is an interesting point. We have to come up with a
- 18 metric. Our metrics are targeted towards making sure
- 19 the Resource Centers are doing their job and seeing
- 20 what's going on. We need to translate that into
- 21 something that's more of a meaningful metric for the
- 22 public, and I think we'll have to start to do that.
- 23 CHAIRWOMAN SPIELER: And certainly, just
- 24 to follow up on Les's point, it would be useful to know
- 25 if only one in ten people who come into the Resource

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1 Centers are actually making requests for physician
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- 2 panels who are filing DOL claims. That seems confusing
- 3 to me, and it would be nice to know why that would be
- 4 true. If it would be possible to do some inquiry in
- 5 that area.
- 6 Other questions? Steve, you had your
- 7 hand up.
- DR. MARKOWITZ: Two questions. One is
- 9 what is the verbal report from Oak Ridge and Paducah,
- 10 for instance, which have received a lot of visits in
- 11 terms of the numbers of what state -- requests for
- 12 physician panel review. Just as we get a verbal report
- out of Rocky Flats that virtually everybody is
- 14 submitting both a Federal claim plus the physician
- 15 panel request, what's the verbal report from those two
- 16 sites?
- 17 The second question is we heard last
- 18 night that people actually don't know what they have
- 19 submitted, what they are requesting, what they are
- 20 filing for. I wonder how -- it would seem the Resource
- 21 Center would be key, then, in steering people one way
- or the other or both ways, and I'm wondering how the
- 23 Resource Centers are handling that.
- MR. CARY: I should probably have
- 25 brought one of my Resource Center folks here or you

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1 could ask the folks here in Westminster about it
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- 2 yesterday. The folks -- the folks in the Resource
- 3 Centers have been trained to help people fill out a
- 4 claim. And they are taking the information they have
- 5 to find what's the appropriate vehicle.
- 6 There's much greater interest, of
- 7 course, in the Federal program because of the lump sum.
- 8 And I know in some instances -- and I don't have
- 9 numbers for you. I have to get those. In some
- 10 instances, we have found that people are automatically
- 11 applying for both. And our only issue with that with
- 12 the Department of Labor is that we queue these so that
- 13 we're not -- we're not both producing the same amount
- of work, but we can move on the decisions and the work
- that's been done by the Department of Labor to award it
- and slip stream on that and move ahead without having
- 17 to re-create a record in many other things.
- 18 That's the one thing we don't want is
- 19 two separate folders moving forward if there's some way
- 20 we can streamline that process. That's really what
- 21 we're working out.
- 22 And from my perspective, you know,
- 23 either -- either is fine. If folks want to apply for
- 24 the State program as well as the Federal program, they
- 25 can. And our people aren't discouraging folks from

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1 doing that.
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- If you want me to poll, I can poll our
- 3 Resource Centers and get some sense of -- of -- of
- 4 those numbers. It's not something -- I've got a whole
- 5 page of metrics here, but I don't have that breakdown.
- 6 CHAIRWOMAN SPIELER: Greg.
- 7 DR. WAGNER: At a prior meeting, we had
- 8 encouraged DOE and DOL to provide as -- as little
- 9 barrier as possible for people to come into the system
- 10 by coordinating between the agencies. Specifically, we
- 11 encouraged information to be -- information to be
- 12 disseminated from a single point of entry 800 number
- 13 between the two agencies. It seems to me that the --
- 14 that the common activities in the Resource Centers
- 15 really is a commendable step in the direction of giving
- 16 people a -- people from the outside don't necessarily
- 17 know, you know, what the DOL does and what the DOE has
- 18 responsibility for. Has there been other progress like
- having a common 800 number for people to call in?
- 20 MR. CARY: Pete Turcic from DOL could
- 21 talk about this better, but they really have the lead
- 22 in this. And -- and even though we established a -- a
- 23 toll-free number, they have also established their own.
- 24 And I think we're just working at this from different
- angles with different constituencies. We're trying to

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focus on those Resource Centers, the place where the
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- 2 workers are and where their families are so we can help
- 3 them.
- 4 There does appear to be a little overlap
- 5 here, but I don't know if going to a single toll-free
- 6 number will help because there -- I mean,
- 7 organizationally, you know, it's claims centers, you
- 8 know, in the -- in Denver and other parts of the
- 9 country for DOL who are going to be responding to --
- 10 responding to questions and I just -- I think that's --
- 11 CHAIRWOMAN SPIELER: Just could you
- 12 explain what you mean by "different constituencies,"
- 13 because it seems to -- it seemed to me that it was the
- same group of people who would be filing both of these
- 15 claims; that, in fact, it's the same constituency with
- 16 two different programs, not two different
- 17 constituencies. Am I misunderstanding?
- 18 MR. CARY: I think it's just point of
- 19 view. When we go around the country, we're going to be
- 20 looking at the atomic weapons employers -- employees,
- 21 you know, which is -- which is different from the --
- 22 the traditional DOE employee, contractor employee
- 23 constituency. I see that as a different group.
- 24 CHAIRWOMAN SPIELER: An additional
- 25 constituency?

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1 MR. CARY: Yeah.
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- 2 CHAIRWOMAN SPIELER: Not a -- okay.
- 3 Steve.
- 4 DR. MARKOWITZ: In the last version of
- 5 the proposed -- the draft proposed rules for physician
- 6 panels, it was very prominently featured that the
- 7 physician panels would have to follow State law in
- 8 making a determination of causality. Is that still
- 9 included in the -- in the proposed rules?
- MR. CARY: Yes, it is.
- DR. MARKOWITZ: Well, you'll be here
- 12 through the day because we have strong objections to
- 13 that, but we can hold off on those until later.
- MR. CARY: Other agencies did, as well.
- 15 The Department of Labor had a number of comments about
- 16 that, so as -- as the rule is posed, we're interested
- in -- in getting additional comment on that.
- 18 Our position derives from the -- the
- 19 legal position of our general counsel's office that it
- 20 would require a new Federal law to supersede State law.
- 21 CHAIRWOMAN SPIELER: Just a follow-up
- 22 question I have on that, also. Is this -- are the same
- 23 people in the general counsel's office giving advice on
- 24 these rules as previously designed the defense of -- of
- 25 worker's compensation claims from prior

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1 administrations?
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- 2 MR. CARY: It's -- I don't know if you
- 3 know Ben McCrea and Neil Strauss. They have been doing
- 4 this for six or seven months. And I don't know if they
- 5 have an ax to grind in this area, although we do have a
- 6 new general counsel. You know, there is a little
- 7 different direction coming out of that office, as well.
- 8 CHAIRWOMAN SPIELER: Other questions?
- 9 Vikki.
- 10 MS. HATFIELD: Do you think that as you
- 11 move forward and we get the physicians' panels in place
- 12 and we're better able to discuss the DOE side, that
- 13 we're going to have more people applying? Do you think
- 14 that's the reason that maybe we just haven't been as
- open about that as we have been the DOL process?
- 16 Because I really feel like that there
- are people out there that don't understand that that's
- 18 available to them, although they don't have one of the
- 19 illnesses that's covered on the DOL side, they still
- 20 feel like they are out there by themselves, because
- 21 they are not going to get anything at all. No help.
- 22 So I'm just wondering if maybe we
- 23 haven't said enough about it, if we haven't presented
- 24 it quite right somehow -- I don't know. But I really
- 25 feel like that maybe we haven't said enough about, you

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1 know -- although maybe you don't qualify for this,
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- 2 let's talk about what you do qualify for over on the --
- 3 on the DOE side. And I think that's something that we
- 4 need to really use the Resource Centers for instead of
- 5 just signing the papers and moving on. They need to
- 6 really have an understanding about what these -- what's
- 7 available and what -- you know, just like we heard last
- 8 night from the audience that these people were signing
- 9 papers, but they didn't know what they were signing
- 10 for.
- 11 Well, I think it's really important that
- 12 they have an understanding about the DOE side as well
- as the DOL side. And maybe it's because we're not
- 14 there yet, because we're not in place that we haven't
- 15 really brought that to the forefront, but I think it's
- 16 really, really important that we do that in a timely
- 17 fashion.
- 18 I think it's going to cut down on the
- 19 nontrust and the adversary environment that you have
- from some workers because they feel like there are
- 21 people who are getting it and I'm just as sick as they
- 22 are and I just don't have anything.
- So I think that we really, really,
- 24 really need to try to bring this to the forefront. Is
- 25 that the thought that maybe we're -- we're just not

there? We don't want too many people applying until we

- 2 get there?
- 3 MR. CARY: No. I don't think that's it
- 4 at all. I think what's going to happen is the first
- 5 time there are awards for the State program, that that
- 6 will -- that will rekindle interest in the State
- 7 program. I also think that we're trying to get as many
- 8 folks as possible directed to the Federal program so
- 9 they can get those significant benefits.
- I think there's going to be a secondary
- 11 wave of folks who don't get into the Federal program
- that will be coming to us then. And we'll still be
- there and that will be a -- we'll still be there in
- 14 that role and they will come to us and say, What do I
- do now? And then we tell them what their other options
- 16 are in the State program.
- MS. HATFIELD: Don't you think if we had
- 18 told them on that on the forefront that we might have
- 19 been better off --
- 20 MR. CARY: We're not disguising that up
- 21 front. I think their mind is on the bigger prize right
- 22 now.
- 23 CHAIRWOMAN SPIELER: Thank you. Jim.
- MR. ELLENBERGER: Steve, as will come as
- 25 no surprise to you, there's an immense amount of

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1 frustration around the country with the slow pace of
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- 2 getting the Office of Worker Advocacy assistance on
- 3 State claims up and running, physician panels and --
- 4 and actually seeing some claims move forward. And we
- 5 are hearing from PACE locals and I talked to other
- 6 groups of representative workers that there's a lot of
- 7 discussion going on at the sites about whether or not
- 8 the State claims -- claims that go forward under the
- 9 State system through this process, assuming that it
- 10 follows the process, are going to be accepted by the
- 11 contractors.
- 12 The law is pretty clear that if -- that
- 13 if the physician panels find that these are legitimate
- 14 claims, that the DOE will instruct its contractors not
- 15 to contest them. And we are hearing from multiple
- 16 locations that contractors are telling workers that
- 17 they are going to contest claims and that they are very
- 18 unhappy because it's not clear who is going to pay for
- 19 these claims.
- 20 And what I'm asking is I think it really
- 21 comes down to dollars and cents. The attitude of
- 22 contractors and employers is going to be dictated by
- 23 who ends up bearing the burden. And it's unclear to me
- 24 and I think to a lot of members of the committee what
- 25 the -- the decision of the Department of Energy is

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going to be in terms of how the cost of the -- of the
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- 2 State claims are going to be handled. Can you shed
- 3 some light on this?
- 4 MR. CARY: In order for us to produce
- 5 this rule, we had to produce for OMB estimates of cost
- of the program, of the State component of the program.
- 7 And in the course of doing that, working with the chief
- 8 financial officers, for example, we found that there
- 9 were some monstrous and incorrect estimates that have
- 10 been made by some of the -- some of the -- some of the
- 11 field sites about the -- an onerous cost arising out of
- 12 the State program.
- 13 And we actually did our own in-house
- 14 analysis with the people in the CFO's office and we
- 15 were able to come up with an estimate that -- that is
- 16 not going to break the contractor's back. They are
- 17 talking about -- at Oak Ridge, they are talking about a
- 18 bill of \$240 million, which is just way out of the
- 19 ballpark. Just completely in error. And the -- the --
- 20 MR. ELLENBERGER: What was that figure
- 21 again?
- MR. CARY: 240 million.
- MR. ELLENBERGER: At one site? Oak
- 24 Ridge?
- MR. CARY: Just for the State component.

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1 So we've created a set of numbers we think are -- are
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- 2 appropriate and the -- the understanding now in the
- 3 Department of Energy is that the contractors will --
- 4 will pay that. There will be no question of that.
- 5 MR. OLSEN: What is that estimate,
- 6 Steve? Are you saying --
- 7 MR. CARY: I --
- 8 MS. KIMPAN: Administration and benefits
- 9 or just benefits?
- 10 MR. CARY: It's in the neighborhood --
- it's in -- I'll get you the exact number once we have
- 12 the rule published because it's part of that. It's --
- it's a numb -- it's in the neighborhood of \$150 million
- over ten years for the whole complex.
- MR. BODEN: Again, is that
- 16 administration and benefits?
- 17 MS. KIMPAN: Administration and benefits
- 18 both.
- 19 MR. BURTON: This is just for one
- 20 location?
- 21 MR. CARY: No. That's for the whole
- 22 complex.
- 23 MR. SHOR: Is this estimate to be
- 24 published along with the rule with the assumptions for
- 25 the estimate?

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1 MR. CARY: I think we'll be able to --
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- 2 to make that public after the rule -- because it was
- 3 part of the preparation -- our preparation for the
- 4 rule.
- 5 CHAIRWOMAN SPIELER: I think it would be
- 6 very useful if you could supply that as quickly as you
- 7 can to the members.
- 8 MR. CARY: When we get you the rule,
- 9 we'll get you that.
- 10 CHAIRWOMAN SPIELER: Thank you. Greg?
- DR. WAGNER: Two questions. What would
- 12 be the consequences for any contractor who decided not
- 13 to go ahead and pay or to follow the -- the directive
- 14 to not contest a claim?
- MR. CARY: I don't know what the legal
- 16 remedies would be, but I don't -- that will become
- immediately a matter of secretarial interest. I don't
- 18 see how that could happen.
- DR. WAGNER: The second more general
- 20 question is have -- I mean, it's just -- the program is
- 21 just getting off the ground. You -- have you
- 22 identified any significant barriers to getting this
- 23 program up and moving?
- MR. CARY: Well, with the change of
- 25 administration, there's, you know, a new team now and

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1 so we would like to have a little more presence in the
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- 2 Secretary's office. There's no question about that in
- 3 my mind.
- 4 But I think as the Resource Centers and
- 5 this process generally have success, they will also
- 6 generate more interest within the Department of Energy.
- 7 It's just an interesting position I'm in because in the
- 8 last administration, we were in the spotlight and now,
- 9 it's -- it's much less of a priority. That's the sense
- 10 I have.
- 11 CHAIRWOMAN SPIELER: Kathryn?
- DR. MUELLER: I just want to clarify.
- 13 That 150 million or whatever the number is exactly, is
- 14 not going to be any kind of a pass-through? The
- 15 contractors are going to have to take it out of their
- 16 own pockets?
- MR. CARY: Yes.
- DR. MUELLER: No pass-through.
- 19 And secondly, what about the fact that
- 20 that changes the number of workers that they have that
- 21 are -- count as having been injured on the site and how
- 22 it affects the contractors? What are you doing about
- 23 that part of it?
- MR. CARY: I'll defer to my staff on
- 25 that because that's an insurance claims issue.

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                     MS. KIMPAN: That's right. The
      contractor insurer cooperation subcommittee has been
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 3
      looking into this, and there are several different
      possibilities. One is an acquisition letter, a formal
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      document that would -- that would hold formally that
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      these injuries won't cost against contractors in terms
 7
      of their commitments to fulfill jobs in a certain
 8
      length of time like here at Rocky and the like.
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                     John Burton has also asked that we
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      explore with the National Council on Compensation
11
      Insurance, who -- who writes the rates for much of the
12
      country -- 38 of the jurisdictions -- whether or not if
      there's some generalized effect on -- on these rates
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14
      around the country, if there's anything that NCCI could
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      do in working with us, either as part of implementing
16
      the distribution of these resources or just further if
17
      NCCI has any thoughts on how this could not effect.
                     I know that Colorado has concerns since
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19
      you have a commercial insurance policy and you're
      concerned about rates. Much of the complex is self-
20
21
      insured and doesn't pay insurance premiums, if you
22
      will. They pay State retro -- you know, an estimate of
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      what the cost will be and then they fill in the blanks.
24
      But for the states where people purchase insurance or
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the facilities, that's a very large concern and

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we're -- and John could perhaps elaborate. I haven't
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- 2 yet contacted NCCI on behalf of us yet.
- 3 MR. BURTON: I think I heard you say
- 4 earlier that your hope was to avoid having duplicate
- 5 sets of files for the two programs.
- 6 MR. CARY: Only to the extent that it's
- 7 generating -- we're generating identical work. There
- 8 are going to have to be two files.
- 9 MR. BURTON: That's what I was trying to
- 10 clarify. There are going to have to be two sets of
- 11 files. Immediately when they come out of the Resource
- 12 Center, they are going to have to go to two locations.
- 13 Is there some effort to have standardized forms for the
- 14 two tracks?
- MR. CARY: No. This is something --
- 16 this is something we're working out with the Department
- of Labor. It's still a work in progress.
- 18 MS. POST: Thank you for being here,
- 19 Steve. I just have a couple questions.
- Your comment about the \$150 million, is
- 21 that -- No. 1, can you share with us the assumptions
- that that was based on?
- MR. CARY: Yeah. That's in the
- 24 estimate.
- MS. POST: Okay. So that's primarily --

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1 and tell me if I'm wrong -- when you say that, I'm
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- 2 assuming, then, you're basing that on the regulations
- 3 or the standards as proposed; correct?
- 4 MR. CARY: Yes.
- 5 MS. POST: Secondly -- and this may or
- 6 may not be something you can answer -- I think you're
- 7 the second or third representative from DOE for the OWA
- 8 office we've had and we've only been in existence since
- 9 January of this year. So I'm understanding the office
- 10 has had a lot of turmoil, I'm sure. Most of the
- 11 Federal Government has with the change in
- 12 administration. When, if you know, do you anticipate
- 13 having someone who would be able to fill the position
- of director or whatever the official name is of the
- 15 Office of Worker Advocacy?
- 16 MR. CARY: Probably not within -- within
- 17 eight or nine months. We haven't even -- we're the one
- 18 office within the Assistant Secretary of DOE that
- doesn't have a nominee that's left the White House. So
- 20 with -- with -- with Congress and the business they
- 21 have this year, without having a nominee that's gone to
- 22 the Senate, folks are telling me we might not have a
- 23 confirmed Assistant Secretary until next February. And
- 24 I think that person is going to be critical in
- 25 determining the division, not only for this program,

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1 but also selecting the person who is going to do the
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- 2 work.
- 3 MS. POST: Thank you.
- 4 CHAIRWOMAN SPIELER: Les?
- 5 MR. CARY: Until then, you're stuck with
- 6 me, I think.
- 7 CHAIRWOMAN SPIELER: Welcome aboard.
- MR. BODEN: We're pleased to be stuck
- 9 with you, Steve. One of the things that I heard this
- 10 morning and I think we heard a little bit yesterday
- 11 when we went to the resource office across the street
- 12 led me to wonder the extent to which around the country
- these offices are following similar procedures.
- 14 Two cases in point. One, the discussion
- this morning about applications for physician panel
- 16 reviews where it sounds like the office here is -- has
- 17 a policy, basically, of encouraging everybody who's
- 18 coming in to file a Federal claim also to file for a
- 19 physician panel review, whereas the numbers that we
- 20 were presented this morning nationally suggest that
- 21 that's not the case.
- 22 And I'm wondering if -- if your office
- 23 would be able to get back to us with a little clearer
- 24 information about whether there is a uniform policy,
- 25 what the policy is, if there is one, and what the

1 policies are that are being followed by the individual

- 2 regional offices.
- 3 It seems to me as an individual on this
- 4 advisory committee that making people aware of the
- 5 option of having a physician panel and encouraging them
- 6 to do so would be an appropriate national policy, but
- 7 the numbers don't seem to indicate that that policy is
- 8 being followed.
- 9 So that was one example. The other was
- 10 that it appeared to some of the people who visited the
- 11 resource office here that there may also be different
- 12 policies being followed for request of DOE personnel
- 13 and exposure records.
- 14 And that raises another question about
- 15 why there would be different policies. And again, if
- one policy made it more difficult for workers in one
- 17 region to get access to those records than it was for
- 18 workers in another region, then that, again, would lead
- 19 to the kind of disparity of treatment that I think
- 20 nobody would want to see.
- 21 So I'm wondering if it might be possible
- 22 for your office to get back to us about those kinds of
- 23 questions.
- MR. CARY: Yes. We've had uniform
- 25 training for our folks at the Resource Centers and

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we've had a protocol to get started. What you're
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- 2 really talking about, clearly, is the next step which
- 3 we have to do.
- 4 One concern that I guess we're never
- 5 going to address -- be able to address is that when
- 6 someone goes to get their records at Hanford -- at site
- 7 A and tries to get them and site B, just because there
- 8 are different levels of recordkeeping, different
- 9 contractors, different histories, you know, there won't
- 10 be equal access, even if we give them everything that's
- 11 there, just because of the historical records.
- 12 So that's always going to be a concern,
- 13 but we can try to make it as uniform as we can in the
- 14 context of what's available.
- 15 CHAIRWOMAN SPIELER: Steve.
- DR. MARKOWITZ: Steve, the DOE Notice
- 17 350.6 directs -- requires contractors to accept as
- 18 valid claims that come in the Former Worker program.
- 19 That was approved January 12 of this year. I'm
- 20 wondering about the status of this. In a way, it
- 21 actually is -- shows -- takes us one step beyond the
- 22 physician panels. It's as if, for these claims, the
- 23 physician panels have ruled. Because that's what the
- 24 determinations of the former -- programs are accepted.
- 25 Are contractors now accepting these claims? How many

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1 have been accepted? What are the obstacles now?
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- 2 MR. CARY: I don't have those numbers.
- 3 What we have done, though, is we've folded that -- that
- 4 notice into the rule so that's reinforced in the
- 5 physician panel rule which you'll be seeing shortly.
- 6 So it's not just standing out there by itself. I think
- 7 that ends up fortifying and amplifying that notice.
- 8 But I'll get -- I'll have to get back to you. I don't
- 9 think it's a large number right now. Would you know,
- 10 Kate, or not?
- 11 MS. KIMPAN: Not offhand. It's a small
- 12 number.
- 13 CHAIRWOMAN SPIELER: Other committee
- 14 members? I have a couple of questions I was wondering
- if you could answer.
- It came up yesterday that what was going
- on at the Resource Center here was that people were
- 18 filling out pretty bare bones the forms for the request
- 19 for physician panel and sending them in to OWA. And in
- 20 the comments that were made to us last night, it became
- 21 pretty clear that nobody was interviewing or discussing
- 22 occupational histories with the people who were filing
- these applications. And the radiation exposure piece
- is not going to be helpful for the toxic exposure
- 25 questions that are going to come up before the

- 1 physician panel.
- 2 And I asked the director of the local
- 3 Resource Center who was -- he understood was going to
- 4 take the occupational histories and he indicated that
- 5 he was under the impression, having been told by OWA
- 6 staff, that, somehow, the physician panels were going
- 7 to do that.
- And I wondered whether it's been thought
- 9 through, whether you have figured out who actually is
- 10 going to find out what people were exposed to and for
- 11 how long in order to get the occupational -- necessary
- 12 occupational history information to the physician
- 13 panels for their review.
- MR. CARY: That's a good question. Joe,
- 15 can you answer that?
- MR. FALCO: Yeah. A number of your
- 17 questions are kind of leading in the same direction,
- 18 and that is that you're perceiving that maybe the
- 19 initial intake of information is not that well
- 20 developed yet, and I -- I guess, you know, I mean,
- 21 basically, what has happened, we've been frustrated, as
- 22 well, because, as you know, we're sort of forced by the
- 23 legislation to be on a different timetable than Labor
- 24 in terms of having to still deal with the -- with the
- 25 physicians' panel rule and that sort of thing.

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1 And we've been working very hard on this
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- 2 and I think this is going to have to be our next -- our
- 3 first priority is to get -- get it together in terms of
- 4 the -- in terms of optimizing the intake forms and the
- 5 information that we're going to get from the
- 6 applicants.
- 7 So that -- and in terms of Vikki's
- 8 questions, for instance, the kind of disparity between
- 9 the Labor claims and the DOE claims, I mean, the
- 10 request for review by medical panels form was only
- 11 recently developed and implemented. So I think, you
- 12 know, the figures should improve in that we should be
- 13 capturing more folks.
- But, in general, yes, we need to work on
- 15 this and this is a top priority, particularly from my
- 16 perspective, as to what information the physician
- 17 panels are going to need. They are going to need a
- 18 good work history. And we've been in discussions, as I
- 19 mentioned yesterday, with, for instance, the Former
- 20 Worker programs to see whether they could be utilized
- 21 or their forms could be utilized to develop a good
- 22 history form or a good mechanism to obtain work
- 23 histories. But that's top priority. Absolutely.
- 24 MS. KIMPAN: There was also a great deal
- of misunderstanding by some of the folks talking last

1 night, and I think that might have been translated to

- 2 misunderstandings by the committee.
- 3 The intake centers are intake centers,
- 4 where the initial intent to claim for either the
- 5 Federal or State work comp benefit -- the expression of
- 6 the intent to make those claims is accepted at those
- 7 intake centers. The intake centers do not develop the
- 8 claim file beyond accepting the expression of that
- 9 claimant to proceed into one of the systems.
- 10 If you file a claim for the Department
- of Labor, the Department of Labor will then begin a
- 12 process with human services of querying DOL and DOE on
- a number of exposure and other personal record
- 14 attributes.
- 15 Likewise, if you file the form OWA-1 to
- 16 come before the physicians' panels, the intake center
- 17 will never be, in the current model, the place where
- 18 all of the exposure data -- people say, All I put down
- 19 was I worked in Building 770 and I think I was exposed.
- 20 That's all they need to put down to start the claims
- 21 process.
- 22 At that point, the Resource Center
- 23 passes that claim on to the proper system where a claim
- 24 file will be developed. All of the things -- what Joe
- 25 just said, the industrial history, the industrial

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1 hygiene history, the personal exposure history, the
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- 2 personal medical records will all be part of either the
- 3 Office of Worker Advocacy claim file department or part
- 4 of the Department of Labor claim file handling and
- 5 development.
- 6 The Resource Centers, a year from now,
- 7 will probably say all I took was the person's name,
- 8 Social, and the disease they believe they have. It is
- 9 unlikely, in our model or DOL's current model or HHS's
- 10 model, as I understand it, that those centers will
- 11 prepare full-blown claims files. They are intake
- 12 operations to accept an initial intent to claim, and
- then those claims files will be developed in either
- 14 agency.
- 15 CHAIRWOMAN SPIELER: Just so it's
- 16 understood that the occupational history that comes
- 17 from DOE employment records may not be sufficient for
- 18 the physician panels, Joe, it sounds like --
- MR. FALCO: I mean, obviously, the
- 20 applicant is a very important source of information.
- 21 CHAIRWOMAN SPIELER: Right.
- MR. FALCO: We've got to maximally
- 23 utilize the --
- 24 CHAIRWOMAN SPIELER: There have
- 25 been several --

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1 MS. KIMPAN: Our claims procedures which
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- 2 you guys got electronically sometime back, how the
- 3 claims office at OWA will work, it is in there clearly
- 4 that after the claim is begun at headquarters, one of
- 5 the things that will happen is a history. And I
- 6 believe our -- our procedures reference the Former
- 7 Worker algorithms for developing this history will be
- 8 gathered by that worker. It is not likely to happen in
- 9 our current model in the Resource Centers.
- 10 So people's concerns that they weren't
- 11 asked that at the Resource Center, the Resource Center
- 12 people's concerns that they weren't gathering that is
- 13 the way our procedures are laid out -- and you all have
- 14 that -- is not how that will happen. That will happen
- 15 as part of the claims operation.
- 16 CHAIRWOMAN SPIELER: It's just that it
- 17 may require an individual interview.
- 18 MS. KIMPAN: Absolutely. I think that's
- 19 exactly what's anticipated is an individual interview.
- 20 CHAIRWOMAN SPIELER: Don, go ahead.
- 21 MR. ELISBURG: I quess I'd like to
- 22 make -- I'd like to make a couple of observations here
- 23 that you might be thinking about while you're thinking
- 24 about this stuff.
- 25 The first one is the concept that you're

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1 going to have these claimants having to come back over
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- 2 and over again is one that you need to give some
- 3 serious thought to whether that's going to be counter-
- 4 productive. And it seems to be flying a bit in the
- 5 face of the discussions we've had over the last seven
- or eight months about the notion of one-stop shopping.
- 7 And you know, who is actually going to
- 8 be able to sit down with the people such as the folks
- 9 that showed up last night and take the detailed work
- 10 history either through notes or -- or a table or
- 11 whatever?
- 12 And I think you may be getting yourself
- into a -- a very complicated and time-consuming, in my
- 14 view, process that could be leading to really long
- delays before you can, in fact, move a claim forward to
- 16 payment, which is the name of the game here.
- 17 And moving files around the country and
- 18 having different people having to look at it and
- 19 calling up these poor folks or sending them letters
- 20 over and over again has a -- when you're dealing with
- 21 thousands of claims, I think is -- is -- has a
- 22 potential of putting the folks in some real deep pits
- 23 here, at least in my experience in handling some major
- 24 claims programs.
- 25 I really think you need to -- to rethink

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1 that.
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- 2 My second observation really goes to
- 3 you, Mr. Secretary. And that is with deference to
- 4 everybody who's been involved in this process, I think
- 5 your being assigned as the acting director, in fact, of
- 6 your office perhaps is an opportunity for someone to
- 7 take charge of this program at DOE and begin to move
- 8 towards decisions and execution.
- 9 We come to these meetings and we hear,
- 10 essentially, all the good folks talking about how they
- 11 are thinking about this stuff and studying this stuff
- 12 and we're hearing the claimants coming to the
- 13 microphones saying, you know, nothing's happening and
- it hasn't been happening for a long time.
- 15 And I know that startups are difficult.
- 16 Startups are hard. But I think your counterparts in
- 17 the Labor department have stepped out and moved
- 18 forward, I think somewhat more dramatically. I think
- 19 the question of this State program is extraordinarily
- 20 complicated, but it isn't going to get any less
- 21 complicated by studying it to death.
- 22 And I really suggest that anything you
- 23 could do from your end of things to basically give it a
- 24 kick-start and -- and move some of these things to
- 25 where they need to be moved, I think would be very

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1 helpful.
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- 2 CHAIRWOMAN SPIELER: Les? Did you have
- 3 anything?
- 4 MR. BODEN: Just a quick question. You
- 5 talked about using some of the algorithms developed by
- 6 the Former Worker projects in interviewing people.
- 7 Presumably, a number of the people who will be in the
- 8 process of requesting physician panel reviews will have
- 9 already been seen by the Former Worker projects who
- 10 will have taken work histories and done exams. Is
- 11 there a specific plan for using that work that's
- 12 already been done to create efficiencies in this
- process to avoid workers having to go back another
- 14 time, to avoid the cost of doing another duplicative
- set of exams and history taking?
- MR. FALCO: Absolutely. And one of the
- 17 revisions of our forms will be to query initially
- 18 whether an applicant has gone through a Former Worker
- 19 program, and then to have the applicant sign a release
- 20 so we can obtain the information, including the work
- 21 history from the Former Worker program. So, yeah,
- 22 absolutely.
- I also just a comment to -- a response
- 24 to Don Elisburg's first -- first comment about one-stop
- 25 shopping. I guess in -- in thinking about the claims

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1 processing procedures, we perceived that -- that the --
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- I mean, in terms of the State claims process, our
- 3 information needs are far beyond, in general, what is
- 4 needed for the -- the typical Labor claim where, often,
- 5 you just need simple information such as proof of
- 6 employment, et cetera, and proof of diagnosis.
- 7 So I quess our -- our feeling was that
- 8 there may not be the -- the amount of personnel or the
- 9 depth of sophistication of personnel at the Resource
- 10 Center to obtain all the information that we would need
- and we felt that, therefore, it would really fall to
- 12 the Office of Worker Advocacy itself and a case manager
- 13 who would be knowledgeable about the sites and about --
- 14 and about the physician panels to take the lead in
- 15 terms of gathering information.
- But your point is well taken and maybe
- 17 we have to revisit this and think whether the Resource
- 18 Centers could, you know, provide -- provide, you know,
- 19 obtaining work histories or that sort of thing. We'll
- 20 have to revisit our procedures, but that was kind of
- 21 our thinking about it. That really -- because of
- 22 the -- because of the complication of our information
- 23 needs, that it would fall to the Office of Worker
- 24 Advocacy itself.
- 25 CHAIRWOMAN SPIELER: Glenn?

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1 MR. SHOR: I think your comment is
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- 2 really important. Coming from a State administrative
- 3 point of view, it's -- the information that -- that
- 4 seems to be going out to the people who are coming to
- 5 the office now, they seem to have the sense that they
- filed the State claim. There's some sort of loose
- 7 language that there's been a State claim filed because
- 8 they filled out a form that maybe requests a physician
- 9 panel.
- 10 And -- and though it is a very complex
- 11 thing because you're dealing with all the different
- 12 states and all the different State processes, I think
- it -- it's critically important that people have a
- 14 sense of what they have done when they have come to the
- office and what they haven't done and what the -- what
- the process is going to be from there on.
- 17 And with that in mind, I would strongly
- 18 encourage you to start working more closely with the
- 19 State agencies and with the information and assistance
- 20 or ombudsman aspects of the State agencies so that that
- 21 information can either, in written form or through some
- 22 follow-up from a State office, be given to the people
- 23 who come to your offices.
- 24 Because I think you're really -- people
- 25 think they have done something that they haven't done

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1 and especially if they are going to be kept calling
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- back, they really don't know where in the process they
- 3 are.
- 4 CHAIRWOMAN SPIELER: Greg?
- DR. WAGNER: Two points. One in
- 6 follow-up to what Glenn just said. It was quite clear
- 7 from a number of people speaking last night that really
- 8 good, clear fact sheets and information should be given
- 9 out to people who come through the offices would be
- 10 useful and probably not that difficult to -- to develop
- 11 at this point.
- 12 Second, it goes back to the State claims
- 13 flowchart that you sent us. And I clearly didn't
- 14 understand that the case manager reviews application
- and determines eligibility for program was seen as a
- 16 D.C. office function. And that's where you currently
- 17 feel that the case managers are going to be rather than
- 18 in the field? Is that right? Because I, again, would
- 19 suggest that you consider the value of having not only,
- 20 you know, centralized case managers, but also field
- 21 based case managers in order to be able to answer some
- 22 of the issues that have come up. And also serve in
- 23 kind of a -- as a resource for the intake personnel
- there in the Resource Centers.
- I think that it would be very useful to

1 have the kind of more sophisticated, knowledgeable case

- 2 managers, at least a limited number of them in the
- 3 field.
- 4 CHAIRWOMAN SPIELER: Jeanne?
- 5 MS. CISCO: Getting back to the Resource
- 6 Centers and the history, I guess I thought that you
- 7 were picking people from the plant who were
- 8 knowledgeable of the plant, you know, to help those
- 9 people fill the forms out. And one of the concerns I
- 10 had last night was, you know, that the guys in -- they
- 11 really didn't list all of this stuff. When this gets
- 12 to Washington, I think that at the Resource Center,
- 13 they would get as much information on that work history
- 14 and the buildings and everything for you guys to go by,
- 15 by someone that worked at the plant who knew those
- 16 areas, and the medical releases that are signed at the
- 17 Resource Centers, I -- I think there needs to be a way
- 18 to help these people as they come in and -- and the
- 19 work -- the case workers working with them.
- 20 You have the medical release. At the
- 21 very minimum, I would think the Resource Centers would
- 22 go ahead and send for that information for the people,
- 23 for the claim as opposed to the claim getting all the
- 24 way to Washington and then you guys trying to do it
- 25 there. It would expedite the process.

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1 MR. ELISBURG: I have one follow-up
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- 2 question I guess to you, Mr. Secretary, but it may be
- 3 that somebody over there can answer it. You now have a
- 4 couple of hundred or so physician panel requests,
- 5 which, effectively, are State requests to deal with
- 6 State claims in some fashion. Presumably, you will get
- 7 more and more each day. Are you, in fact, beginning to
- 8 develop those as potential State claims now, or are you
- 9 waiting until your regulations are in place?
- 10 MR. CARY: We can begin processing
- 11 those. I just haven't seen any that have been
- 12 processed yet. It's our plan to have those -- when the
- 13 rule is ready and the physicians' panels are ready, I
- 14 mean, they will have -- they will have information
- 15 going right to them.
- MR. ELISBURG: So you're not waiting --
- MR. CARY: No.
- 18 MR. ELISBURG: -- to develop the claims?
- MR. CARY: No.
- MR. ELISBURG: Thank you.
- 21 CHAIRWOMAN SPIELER: I have a couple of
- 22 sort of follow-up questions on things that came up.
- One is, last night, a number of people raised serious
- 24 concerns about the cost of duplication of medical
- 25 records. And I -- I was sitting here thinking, as a

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former administrator, how that would be 300th on my
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- 2 list of issues, but, very clearly, for some of the
- 3 people who are coming in, this isn't a secondary issue.
- 4 It may be a primary one.
- 5 And I think that some states actually
- 6 have regulations with regard to how much can be charged
- 7 for medical records for State compensation claims. And
- 8 I just would like to make a suggestion that you all
- 9 look into whether you can utilize State regulations
- 10 that limit copying costs for medical records in
- 11 assisting people through the intake centers in getting
- 12 their medical records together.
- Because the amount of money that was
- 14 mentioned last night, 5 to 14 dollars a page for
- someone who has a serious illness or has serious
- 16 diagnostic problems and has been to a series of
- 17 different providers is really very prohibitive for
- 18 them.
- 19 And so that's just a suggestion that I
- 20 know is probably not on your screen, but one that might
- 21 be useful for you.
- 22 The other -- the other follow-up is a
- 23 bigger and more difficult question. And it kind of
- 24 goes back -- I was sitting here musing about your
- 25 \$150 -- 150-million-dollar estimate. And it's one of

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1 the discussions that this committee has had repeatedly
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- 2 is the fact that 350.6 reaches only those contractors
- 3 who have live contracts with DOE and only those claims
- 4 for which those contractors arguably have legal
- 5 liability.
- Now, there are huge numbers of people
- 7 who -- and this keeps coming up in the course of our
- 8 discussions -- who may not be within the ambit of 350.6
- 9 in terms of payment of claims. Either the employer has
- 10 become privatized in some way so that they are no
- 11 longer in some kind of contractual privity with the
- 12 Department of Energy, or -- which I know is true of one
- 13 site in Ohio. Or, for example, at Rocky Flats, I think
- 14 that the current contractor does not have liability for
- 15 pre-1993 claims and that prior holder of that liability
- is not currently in contractual privity with DOE or
- 17 after a site is decommissioned, there may be no
- 18 contractor who's reachable, who's in -- has an ongoing
- 19 contractual relationship with DOE, and then there are a
- 20 number of closed sites or atomic weapons employers or a
- 21 whole variety of other people in which, again, there is
- 22 no current contractual privity with DOE and no
- 23 mechanism for reimbursement by DOE.
- 24 Those workers are in other -- all other
- 25 respects arguably similarly situated to the workers

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1 covered by 350.6. And it's a very important concern of
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- 2 this committee as to how DOE intends to deal with those
- 3 claims.
- 4 So I have kind of two questions. One
- 5 is: Does this \$150 million include the costs of paying
- 6 the claims for those workers who were not currently
- 7 covered by contractual privity relationships? And how
- 8 does DOE intend to assist those workers in compliance
- 9 with its obligations under Subtitle D in those
- 10 situations?
- 11 MR. CARY: The estimate -- the
- 12 \$150 million estimate does include those workers.
- 13 CHAIRWOMAN SPIELER: It does.
- MR. CARY: But the way we have to deal
- 15 with that -- and I've talked to the CFO's office about
- 16 this -- would be a line item in the budget that
- 17 would -- that would not come from the contractor. It
- 18 would come from DOE.
- 19 CHAIRWOMAN SPIELER: And would you then
- 20 do that by reimbursing the current -- this committee
- 21 has strongly urged DOE to stand in the place of the
- 22 employer or responsible party.
- MR. CARY: That's what would happen in
- 24 that instance. That's the way I first --
- 25 CHAIRWOMAN SPIELER: Because we have

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1 managed to come up with untold numbers of barriers to
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- 2 the payment of those claims if DOE fails to do that.
- 3 And so I'm delighted to hear that. Thank you. Don?
- 4 MR. ELISBURG: This \$150 million over
- 5 ten years is all you're going to pay out in worker's
- 6 comp costs for all these people who are filing claims?
- 7 MR. CARY: This is the State part of the
- 8 program. This would be additional claims to what DOE
- 9 is paying now. Yes. That's our estimate. We'll show
- 10 you the information and you can look at the estimates.
- 11 We took them from existing State contractor estimates.
- MR. BODEN: Somebody likes your
- 13 estimate.
- 14 MS. KIMPAN: The prior estimates on the
- prior bills working through Congress estimated costs
- 16 for maintenance care for ill workers, costs for medical
- 17 care. We used prior Federal estimates to the extent we
- 18 were able. We used some Department of Labor estimates
- on total claimants, likely comers to the system for
- 20 things like records searches and the like, so all of
- 21 the information except our state-specific and/or
- 22 contractor-specific payments in work comp are based on
- 23 claims rates, claims numbers, and prior estimates that
- 24 have largely been vented in parts of this committee
- 25 have -- and this committee has seen, I'm sure, seen on

1 the prior beryllium bill and the like at different

- 2 times. So a number of sources.
- 3 CHAIRWOMAN SPIELER: Additional
- 4 questions for Steve? Thank you very much. Is Pete
- 5 Turcic on the phone? Or were we going to call him?
- 6 What's the arrangement?
- 7 MS. KEATING: I think they are on the
- 8 phone.
- 9 CHAIRWOMAN SPIELER: Claudia is on the
- 10 phone now, I think.
- MS. GANGI: Yes, I'm here.
- 12 CHAIRWOMAN SPIELER: Does the committee
- 13 have strong feelings about the order in which we take
- 14 these? Okay. Why don't we take Claudia's report right
- now and then Larry's and then we'll go to the
- 16 Department of Labor.
- MS. GANGI: Okay. Thank you. Good
- 18 morning. And I'm sorry that I'm not there in person,
- 19 but I appreciate --
- MR. BURTON: Wait a minute. I can't
- 21 hear. Is there some way to get a  $\operatorname{\mathsf{--}}$  the volume turned
- 22 up or something?
- MS. GANGI: Can you hear me now?
- 24 CHAIRWOMAN SPIELER: Can you turn up the
- volume a little, please, for the room. And Claudia,

1 talk a little bit more slowly because the projection of

- 2 your voice isn't as clear as it might be if you were
- 3 here.
- 4 MS. GANGI: Okay. I want to thank
- 5 everybody for your willingness to hear from me by phone
- 6 today. I'm sorry that I'm not there with you.
- 7 I will be very brief. I just want to
- 8 report to the committee that the Department of Justice
- 9 is up and running in respect to the Executive Order.
- 10 We have three full-time employees here at Justice
- 11 working on this project.
- 12 We have to date established a very good
- working relationship with the Energy Programs Denver
- 14 district office which is handling the intake of all the
- 15 RECA claims.
- To date, we have received from the
- 17 Denver office 557 requests for verification of approval
- under Section 5 of RECA for claimants and we have
- 19 processed, as of this morning, 450 of those requests
- 20 and we feel comfortable with our turn-around time at
- 21 this point.
- 22 We've -- given the volume, we're up to
- 23 about ten days' response time. But, beyond that,
- 24 things are running very smoothly on this end. And I
- don't believe that any RECA claims have actually been

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1 paid yet, but we're getting the front end of the work
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- done in a fairly efficient fashion.
- 3 And that's all I really have to report.
- 4 If there are any questions, I'd be happy to answer them
- 5 for you.
- 6 CHAIRWOMAN SPIELER: Questions for
- 7 Claudia?
- I guess not. Thank you very much.
- 9 MS. GANGI: Thank you. And Emily, do
- 10 you want me to stay on the line?
- 11 CHAIRWOMAN SPIELER: I'm not sure that
- 12 that's necessary, Claudia. Why don't you -- if there's
- anything that comes up, we'll try to call you back.
- MS. GANGI: That's fine.
- 15 CHAIRWOMAN SPIELER: Will you be in your
- 16 office?
- MS. GANGI: I will be in my office.
- 18 CHAIRWOMAN SPIELER: Wonderful. Thank
- 19 you very much.
- MS. GANGI: Thank you. Bye-bye.
- 21 CHAIRWOMAN SPIELER: Goodbye. Larry?
- 22 MR. ELLIOTT: Well, thank you. It's a
- 23 pleasure to be here with you. I purposely came to this
- 24 meeting to sit in on the subcommittee on physician
- 25 panels yesterday to answer any questions about  $\mbox{--}$  in

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1 that regard. And I found last evening's public comment
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- period very informative and I'm taking back several
- 3 notes that I've used as teaching points in our process.
- 4 Things that we want to try to avoid. Do better on,
- 5 perhaps.
- 6 I'll keep my remarks brief. I wanted to
- 7 bring you up to date on the status of our rules, our
- 8 advisory committee, the -- I also wanted to share with
- 9 you some information about physician panel
- 10 appointments, and I wanted to briefly talk about our
- dose reconstruction rule and how work history
- information will be collected on cancer-related --
- 13 non-SEC cancer-related claims in a dose reconstruction
- 14 process at HHS.
- The status of our rules on dose
- 16 reconstruction and the rule on probability of
- 17 causation, there are drafts that have been shared with
- 18 the other departments and with the Office of Management
- 19 and Budget. We've made revisions to those rules based
- 20 upon comments and they are now back at the Secretary of
- 21 Health and Human Services' office and there's further
- 22 discussion with OMB about forwarding on those rules and
- 23 publishing them.
- 24 I cannot give you a date at this point
- 25 in time as to when we anticipate their publication.

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1 There is a heightened awareness in the Secretary's
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- 2 office that we need to have these in place as well as
- 3 have the advisory board in place to assist us in
- 4 reviewing and commenting and providing advice on those
- 5 rules.
- It's our hope the rules are going to be
- 7 available in the very near future. And I can't give
- 8 you a date, but I will assure the committee members
- 9 that you will be receiving a copy, once they are
- 10 published, for your review and comment.
- 11 The -- the advisory committee status
- is -- have advanced a list of nominees through the
- 13 Secretary's office, including the Office of Management
- 14 and Budget. The White House and the Office of
- 15 Management and Budget are reviewing those nominations
- 16 for appointment. We are engaged in discussions about
- 17 those nominations and are attending to questions that
- 18 are being raised about advisory board nominations.
- I can assure you there's also a
- 20 heightened awareness within the Secretary's office at
- 21 HHS about the need to have this advisory board seated
- 22 as soon as possible.
- The physician panels appointments, I
- 24 shared with you today four pages. The first two pages
- 25 that you have are the announcement that we used to

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1 solicit nominations for the physician panel
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- 2 appointments. It was passed out at the start of your
- 3 meeting. If you're looking like this, it has physician
- 4 nominations on the front. Four pages stapled together.
- 5 And I learned yesterday in the
- 6 subcommittee meeting that this board and subcommittee
- 7 had not been made aware of what our criteria, our
- 8 process, our approach, and how we were soliciting
- 9 nominations for these appointments were being
- 10 conducted, and so I wanted to share this with you at
- 11 this time.
- 12 This was -- it says the -- you've got
- the program proposal and proposed NIOSH appointment
- 14 process highlighted through here. This is actually
- 15 what we try to do in conjunction with our discussions
- 16 with the Department of Energy. And I would call your
- 17 attention to perhaps the last two pages, which are
- 18 perhaps more important for your information to let you
- 19 know that -- the sources of where we tried to solicit
- 20 nominations are listed there under B: Association of
- 21 Occupational and Environmental Clinics, occupational
- 22 medicine residency directors, American College of
- Occupational and Environmental Medicine. We did not go
- 24 to the APHA Occupational Safety and Health section, but
- 25 we did approach the Society for Occupational and

1 Environmental Health and NIOSH staff were also

- 2 canvassed for nominations.
- A little further down, you'll see the
- 4 nominations criteria that we were seeking to -- to use.
- 5 And that's also mentioned in the announcement on the
- 6 first two pages.
- 7 And I would call your attention to the
- 8 selection criteria under C. These were how the names
- 9 were selected that were sent to the Department of
- 10 Energy.
- 11 We actually sent more names than they
- 12 requested because we were not clear on how many -- we
- 13 understood they wanted 30 and we wanted to give them
- 14 a -- a full view of the variety of disciplines and
- 15 specialties and geographic location of individuals that
- we considered qualified.
- 17 So we sent them -- I believe it was 46
- 18 names, from which 30 will be appointed. We will make
- 19 those appointments of 30 and then the Department of
- 20 Energy will assign them to their proposed ten panels.
- 22 us and we'll work from the remainder of the list to
- 23 make that.
- 24 So I thought you might find this -- and
- 25 I hope you find it informative and beneficial.

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1 Let me quickly move on to my last point
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- 2 that I wanted to talk about. In our proposed dose
- 3 reconstruction rule, what I heard last night and what
- 4 I've heard some this morning is a lot of concern about
- 5 how work history development will be conducted. And
- 6 it's been our view and our perspective on dose
- 7 reconstruction for cancer-related claims that we need
- 8 to have a very interactive process with the claimant.
- 9 We are proposing in our draft rule a
- 10 computer-assisted telephone interview process where we
- 11 will work with the claimant using a -- a survey
- 12 instrument to gain the information that -- that will
- add layers to the work history information like you
- 14 heard last night that may not be captured in the
- 15 records that were assembled at a DOE site or provided
- 16 by an AWE or perhaps even there are no records that
- 17 exist. Some of this is anecdotal, but very factual,
- 18 perhaps.
- 19 So we're having -- I just wanted to
- 20 mention that that's our intent, to have a very
- 21 interactive process with the claimant and seek that
- 22 kind of information and add it to the case file.
- That will conclude my remarks. I'll be
- 24 happy to try to answer your questions.
- 25 CHAIRWOMAN SPIELER: Steve.

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DR. MARKOWITZ: In the selection
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- 2 criteria for the physicians, I'm curious about the
- 3 three criteria: The adequate annual caseload of toxic
- 4 exposure-related illness; secondly, the maximum
- 5 5 percent practice in medical-legal consultation;
- 6 third, the absence of potential conflict of interest.
- 7 How did you get that information? Did the people --
- 8 the physicians interested in serving have to -- did you
- 9 ask them specifically for this or did you try to garner
- 10 this from the C.V.?
- 11 MR. ELLIOTT: We used the C.V.'s and the
- 12 nomination letters that were provided with the C.V. to
- 13 glean questions that we might want to go back and ask
- 14 specific candidates. In some cases -- for the first
- 15 two that you mentioned, there were follow-up calls made
- 16 to verify how these criteria fit with that person's
- 17 experience.
- 18 And as far as the third point that you
- 19 mentioned, the third criteria on absence of potential
- 20 conflict, that was gauged specifically by the C.V. and
- 21 their past affiliations, current affiliations.
- 22 CHAIRWOMAN SPIELER: Greg?
- DR. WAGNER: Before final appointments
- 24 are made, will either you or the DOE ask people to
- 25 certify their compliance with these criteria?

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1 MR. ELLIOTT: I don't believe there's
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- been an intent, I think, to do that.
- 3 CHAIRWOMAN SPIELER: You might want to
- 4 ask them for some statement of nonconflict of interest
- 5 at a minimum.
- 6 MR. ELLIOTT: I would hope that that
- 7 will be part of the DOE's responsibility in making
- 8 assignments. They administer the panel so they will
- 9 have to file the -- I don't know if these will be
- 10 special Government employees or how it's set up, the
- 11 pay structure, but those kinds of factors will be --
- 12 should be addressed in that process.
- MR. FALCO: We can do that.
- 14 MS. HATFIELD: I do have a little bit of
- a concern when you mention telephone interviews.
- MR. ELLIOTT: Yes.
- MS. HATFIELD: One of the gentlemen that
- 18 spoke last night couldn't hear, so I'm a little
- 19 concerned about the older workers who are still very
- 20 private and don't tend to want to give out information
- 21 on the telephone. And a lot of them don't talk on the
- 22 phone very much. So I am a little bit -- a little bit
- 23 concerned about that and what kind of provisions are
- 24 you making for that.
- 25 And also, I noticed on your list as I

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1 went through it and this is just kind of a -- we don't
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- 2 seem to have any doctors in Tennessee. We just have
- one. Was it just that there were no nominations or
- 4 there was no qualifications or --
- 5 MR. ELLIOTT: Well, I can't speak -- I
- don't have the specific list with all their addresses
- 7 in front of me. I can't tell you how many we had in
- 8 the Tennessee area. I know we tried to make sure that
- 9 there was one --
- 10 MS. HATFIELD: I noticed on the list,
- 11 there is one. There's one from Nashville.
- 12 MR. ELLIOTT: I don't have -- I can get
- 13 that to you, though.
- 14 And on your -- your first comment, yes,
- we're very much aware that this is an aging population
- 16 that we're going to be dealing with. There's a
- 17 reluctance to talk about some things, given the culture
- 18 that they come from. We understand and recognize the
- 19 difficulty in doing telephone interviews. And we were
- 20 talking and thinking about how to complement that where
- 21 it doesn't seem to be functioning successfully through
- 22 either correspondence or perhaps even having someone
- visit the individual, depending upon where they are.
- But we need to balance expenditure of
- 25 resources to do that. So this is a tough issue we're

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1 aware of and we're thinking about. I don't have a
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- 2 solution.
- MS. HATFIELD: It is a very tough issue.
- 4 And I guess it goes back to our first thought -- and I
- 5 know we've talked about this many times -- the one-stop
- 6 shopping process that we thought we were going to work
- 7 through because when the worker came in, we wanted them
- 8 to -- we wanted them to be comfortable and to fill out
- 9 their paperwork, everything that they were going to
- 10 need so that we wouldn't have to go back through this
- 11 again and again and again.
- 12 So -- I understand your concerns, but
- 13 you have to understand that when you -- when you look
- 14 at the workers that -- that -- in all the meetings that
- 15 we've gone to, all the public meetings that we've been
- 16 to, there's been a -- a host of -- of older people
- 17 who -- who can't get around by themselves, who don't
- 18 have, you know -- we'll talk about letters, a lot of
- 19 times, letters go in the trash. That's just junk mail.
- 20 I'm throwing it in the trash. They don't even look at
- 21 it and don't read it or don't understand it. And a lot
- 22 of them don't understand. So I think we've really got
- 23 to take a close look at this.
- MR. ELLIOTT: Right. We've also talked
- 25 about, hopefully, there will be somebody that they can

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1 rely on to provide them assistance, maybe sit with them
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- 2 and provide the answers in a telephone interview if we
- 3 give them the questions in advance. And somebody else
- 4 can provide the answers. So we talked about that.
- 5 To make a comment on the one-stop
- 6 shopping, I think it has a good intent behind it, but
- 7 it's not going to work for us in dose reconstruction.
- 8 You can't get all of the information that we're going
- 9 to ask at the very front end. Okay? It would take us
- 10 a considerable amount of time to treat -- train the
- 11 Resource Center case file workers to understand what
- we're going to need, what we're going to ask for.
- 13 We're going to have health physicists doing this.
- I don't see -- I don't know how many
- 15 Resource Centers has health physicists on staff. And
- 16 you know, I think for the cancer-related specific claim
- 17 to do dose reconstruction and to build that work
- 18 history, it makes sense to -- in our mind to approach
- 19 it with the process that we have proposed rather than
- 20 to try to get all of that kind of information at the
- 21 front end.
- 22 MS. HATFIELD: I know that we talked
- 23 about this yesterday in our subcommittee, but, if you
- don't mind, I'd like to ask you so you can explain it
- 25 again.

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1 MR. ELLIOTT: Sure.
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- 2 MS. HATFIELD: From the time you get the
- 3 application for review to go before the physicians'
- 4 panel -- from the time you get it, how -- what's -- how
- 5 long of a process do you estimate it's going to be
- 6 before the applicant has an answer?
- 7 MR. ELLIOTT: Well, I -- you're posing
- 8 that question to the wrong person.
- 9 MR. CARY: Yeah. We've got to separate
- 10 this. There's the physician panel and dose
- 11 reconstruction.
- MS. HATFIELD: So that's separate. How
- long is it going to take you to do the dose
- 14 reconstruction? Sorry. I didn't mean to confuse you.
- MR. ELLIOTT: I can't speak to how long
- 16 the panel --
- MS. HATFIELD: That's okay. I'll
- 18 address that later.
- 19 MR. ELLIOTT: -- to act upon that work.
- Our estimate on dose reconstruction, as best we can
- 21 provide an estimate at this point in time, is anywhere
- from a half a day to several weeks, depending upon the
- 23 individual's work history, employment history, amount
- of dose they have had reported for them by DOE, how
- 25 much additional work we need to do to address missed

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dose, unmonitored dose. It could take as many as
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- 2 several weeks. Several weeks may translate into eight
- 3 weeks. Two months. I don't know.
- 4 MS. HATFIELD: A lot longer. Yeah. To
- 5 do your dose reconstruction, you're going to have
- 6 access to their files? Or you're going to have to send
- 7 off for their files or --
- 8 MR. ELLIOTT: We will receive a verified
- 9 cancer-related claim from the Department of Labor. The
- 10 clock starts ticking on us to do dose reconstruction at
- 11 that point. We will turn to the Department of Energy
- and we will seek all of the related dose monitoring
- 13 information that -- that that individual may have had
- 14 collected on them during their work history. And we'll
- 15 also seek from the Department of Energy a very -- they
- have worked up a very comprehensive list of additional
- information and material and records that would
- 18 complement the dose reconstruction process that won't
- 19 be existent in the dose -- individual's dose file.
- MS. HATFIELD: Okay.
- MR. ELLIOTT: So we're relying on the
- 22 Department of Energy to provide that to us.
- MS. HATFIELD: Okay. Then let me ask
- 24 Steven, is the Department of Energy prepared for the
- 25 onset of the records? I mean, have they -- have they

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1 made adjustments in their hiring so that they can be
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- 2 taken care of in a timely fashion?
- 3 MR. CARY: Yes. For the individual
- 4 exposure -- the individual exposure records, they are
- 5 an important part of this process, and the way is
- 6 cleared for that.
- 7 MS. HATFIELD: So the Department of
- 8 Energy has hired extra people to do this?
- 9 MR. CARY: No. What we've done is our
- 10 records folks have linked up with the records people at
- 11 the different sites. And they know this is coming and
- it's a -- you know, it's a charge we're essentially
- 13 paying for, for the individuals.
- MS. HATFIELD: Okay. Thank you.
- 15 CHAIRWOMAN SPIELER: Glenn?
- MR. SHOR: In your planning process for
- doing the dose reconstruction, how many individual
- 18 cases do you anticipate you'll be doing?
- 19 MR. ELLIOTT: That's another very good
- 20 question. A hard question to give an answer to. I
- 21 am -- we've been working with different sets of
- 22 estimates that we've seen in Labor's regulation,
- 23 estimates that -- of how many claims have been received
- 24 to date and asking for statistics on the 6,000 claims
- $\,$  25  $\,$  we heard about last Thursday, as to how many non-SEC  $\,$

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1 cancers are in that 6,000. We estimate that based
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- 2 upon -- these are ranges that we're using to build this
- 3 estimate from. But, in our first year, we're
- 4 anticipating around 6,000 dose reconstructions.
- 5 CHAIRWOMAN SPIELER: Steve?
- DR. MARKOWITZ: So that each of those
- 7 individuals will have an interview about their work
- 8 history and that interview will be conducted by a
- 9 health physicist?
- 10 MR. ELLIOTT: There will be trained
- 11 interviewers. I can't quarantee that each interviewer
- 12 will be a health physicist, but they will have some
- 13 health physics training to understand the background
- 14 behind the question and what follow-up questions,
- depending upon the answer, should be posed.
- 16 DR. MARKOWITZ: So that will be uniform
- 17 across the complex?
- 18 MR. ELLIOTT: Uniform across the claims.
- DR. MARKOWITZ: Excluding the special
- 20 exposure claims. And with using a structured
- 21 interview?
- MR. ELLIOTT: Yes.
- DR. MARKOWITZ: There's even less
- 24 information -- switching now to the physician panel
- 25 questions, there's even less information about chemical

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1 exposures, toxic exposures, and it would behoove the
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- 2 DOE to examine what NIOSH is doing and consider the
- 3 same kind of process in that exposure history by people
- 4 who are used to doing such things, trained uniformly
- 5 across the process -- complex.
- 6 CHAIRWOMAN SPIELER: Jeanne?
- 7 MS. CISCO: You mentioned that you were
- 8 going to look at the rate exposure histories, where
- 9 people were sending for the exposure histories and
- 10 getting them back, and looking at those. I was just
- 11 wondering how much weight you put on what we're getting
- 12 back from DOE on exposure histories because I feel a
- 13 lot of those are very incorrect. You know, for
- 14 instance, at our powerplant, they zeroed our badges,
- 15 but we're getting exposure histories back. What do you
- do -- are you just going to look at that, or are you
- 17 going to --
- 18 MR. ELLIOTT: No. We will -- that's our
- 19 starting point. We'll use that. And if it's clear
- 20 that an -- we'll go through the interview process. At
- 21 that point, if it's clear that there is enough dose
- 22 recorded that would merit a recommended decision to
- award, we will go in and send the dose reconstruction
- 24 report on to DOL and to the claimant.
- 25 If there's not enough dose in the

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1 individual dose record as recorded that would merit a
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- 2 recommended decision to award, we will pursue other
- 3 record systems and information to augment that dose
- 4 report.
- 5 These other informations that we're
- 6 talking about are air monitoring data that might have
- 7 been conducted in the plant, traditional history of
- 8 changes in dosimetry practices that led to missed dose,
- 9 unaccounted for dose.
- 10 Through our research at NIOSH, we've
- 11 become very familiar with a small group of these sites
- and how that missed dose has occurred. For example,
- 13 here at Rocky Flats, I know that there is an effort
- 14 underway to do some dose reconstruction, to add the
- 15 neutron badges that were, by and large, never counted
- 16 and incorporated into the individual dose record for a
- 17 person. So we're very much interested in that and will
- 18 include that.
- 19 There are other dose reconstructions
- 20 that have occurred around the complex. The Mound site
- 21 has had all their polonium dose now reconstructed and
- 22 it's added to the individual's dose files. We've been
- 23 using that information.
- 24 There's been a dose reconstruction at
- 25 Hanford. These are site-wide dose reconstructions.

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1 And in your site in Portsmouth, Ohio, NIOSH is about to
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- 2 release a study of that which has an exposure
- 3 assessment and a dose reconstruction which adds a
- 4 considerable amount of dose that was never accounted
- 5 for.
- 6 So we're not accepting just on face
- 7 value the dose record for an individual unless it makes
- 8 sense to -- to do so and send it on, because no matter
- 9 what we add, they are still going to get an award. We
- 10 don't want to delay their receipt of an award.
- 11 MR. BLEA: The other thing that we
- 12 talked about, just to share with the rest of the
- 13 committee, there was a question about the -- the
- 14 appointment of the panel members for three years.
- 15 There was a question mark. I wonder if the panel
- discussed this because I'd like to see it staggered so
- 17 we always have a physician on -- on the team --
- 18 CHAIRWOMAN SPIELER: Maybe, Rick, it
- 19 would make sense to hold that until we discuss the
- 20 subcommittee's report.
- MR. BLEA: Okay. Fine.
- 22 CHAIRWOMAN SPIELER: Are there
- 23 additional questions for Larry? We really appreciate
- 24 your coming out.
- MR. ELLIOTT: I learned a lot.

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1 CHAIRWOMAN SPIELER: Let me suggest, why
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- 2 don't we take a ten-minute break now and then as soon
- 3 as we reconvene, call Pete Turcic and follow up with
- 4 the DOL report and move on with the rest of the agenda.
- 5 Is that acceptable? Good. Ten-minute break.
- 6 (There was a recess taken from 9:49 a.m.
- 7 to 10:12 a.m.)
- 8 CHAIRWOMAN SPIELER: Let's get started,
- 9 please. Just for logistical issues, there's a
- 10 shuttle -- Super Shuttle leaving from the hotel at 5 to
- 11 3 for the airport. And I think there are quite a few
- people who have planes that leave between 4:30 and 5
- who might want to take it at \$17 a person, going
- 14 directly to the airport. It can seat 10.
- 15 It's my intention to personally be on
- 16 that shuttle and so that -- that sort of sets the
- 17 parameters for this meeting. Because of my travel
- 18 schedule later this week, I really can't miss getting
- 19 back to the East Coast today, and that's the last
- 20 opportunity I have to do it.
- 21 MR. BODEN: Could we take another
- 22 kind -- just to make sure there aren't 11 or 12 of us?
- 23 CHAIRWOMAN SPIELER: Okay. How many
- 24 people think that they want to be on that shuttle? We
- could continue the meeting. We'll have a quorum, I'm

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1 sure. It's less than 10.
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- 2 DR. MARKOWITZ: Is there anybody who
- 3 needs to leave closer to 2:30?
- 4 MR. ELISBURG: Actually, I was
- 5 considering that possibility because --
- 6 CHAIRWOMAN SPIELER: It sounds like we
- 7 may need to get this meeting through by 2:30, in which
- 8 case we may need to just take a very short break for
- 9 lunch for people to check out if they haven't already
- 10 done it and grab sandwiches and come in.
- 11 MR. BURTON: Is there a luncheon set up
- 12 for just us?
- 13 CHAIRWOMAN SPIELER: I believe so.
- MR. CARY: Is there a lunch set up?
- 15 Lunch set up for just this group?
- 16 CHAIRWOMAN SPIELER: No. Judy, the
- 17 question is -- can I please ask you a question? It
- 18 needs to be a buffet of some kind because we need to be
- 19 able to come back in and continue working. We can't
- 20 take a full hour for lunch. So I'm assuming it's some
- 21 kind of buffet and we'll be able to bring food back in.
- 22 We don't have Pete Turcic on the phone
- 23 yet and haven't yet tracked him down, so -- and I
- 24 actually think because of the time constraints of this
- 25 meeting, it might make sense for us to move directly

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1 anyway into the subcommittee discussions.
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- 2 I also circulated to you a draft of a
- 3 letter that I would like to see some version of sent by
- 4 this committee to the Secretary. And I'm hoping to
- 5 complete that letter this week and mail it in and,
- 6 therefore, I would like to allocate time at the end of
- 7 this meeting -- probably 45 minutes to an hour -- to a
- 8 discussion of the letter and finalizing it.
- 9 There are a couple of issues in it that
- 10 I think there's sufficient disagreement about to merit
- 11 some serious committee discussion, which means that I
- would ask that the subcommittees focus in on issues
- 13 that are of paramount importance for this committee to
- 14 discuss and take action on at this meeting, if that's
- 15 at all possible. Okay?
- 16 And I'd like to do the subcommittee
- 17 discussions, I think, physician panel discussion first,
- 18 claims processing second, State relations third,
- 19 contractor insurer relations fourth, and the
- 20 performance evaluation last. Is that acceptable?
- 21 DR. MARKOWITZ: I sort of wanted Steve
- 22 Cary to hear --
- 23 CHAIRWOMAN SPIELER: Unfortunately, he's
- 24 left.
- DR. MARKOWITZ: He's gone. For the day?

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1 CHAIRWOMAN SPIELER: Yes. I think it's
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- 2 important, by the way, that -- and partly, this was a
- 3 concern raised to me with regard to the minutes from
- 4 the last meeting -- that we formalize any acceptance of
- 5 committee recommendations by formal motion so that it's
- 6 clear in the minutes and can -- and in order to do
- 7 that, if the committees have specific recommendations
- 8 they want communicated to the OWA and the department,
- 9 I'd like to make sure that we do that before we move on
- 10 to the next subcommittee report.
- 11 Sorry, Steve. I didn't realize that
- 12 Steve Cary was leaving, either.
- DR. MARKOWITZ: The report from the
- 14 physician panel subcommittee, other subcommittee
- 15 members should feel free to add, correct, or interrupt
- 16 me.
- 17 We discussed the draft version of the
- 18 physician panel proposed rules that we had seen -- I
- 19 think the last draft that I saw was the end of June.
- 20 We were told that, in fact, it's changed considerably
- 21 since then. But we -- our comments really revolved
- around what it looked like a couple of months ago.
- 23 The critical issue, though, that we
- 24 considered, really, was this direction that physician
- 25 panels should follow -- should use applicable criteria

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1 under State law, in making a determination about
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- 2 causality. And we thought that that was entirely wrong
- 3 and really was -- represented a gross misunderstanding
- 4 of how worker's compensation works and how -- and what
- 5 physicians do.
- We don't determine what's compensable.
- 7 We don't determine what's caused by what. Physicians
- 8 determine causality. They don't determine
- 9 compensability. A physician panel rule should
- 10 understand that. It should reflect that.
- 11 This committee previously made the
- 12 recommendation that a national uniform standard be used
- 13 by physician panels in examining claims for diseases
- 14 related to toxic exposures. It's the only way that
- 15 makes any sense at all. It makes sense medically,
- 16 scientifically and makes sense in terms of justice and
- 17 equity that a single standard be used across the
- 18 complex, and that standard be -- in fact, it's been
- 19 formulated by DOE to us that, more likely than not,
- 20 that toxic exposures incurred at DOE contributed to,
- 21 caused, accelerated, in some sense exacerbated the
- 22 health condition related to those toxic exposures.
- It's absolutely untenable that DOE would
- 24 run a dozen -- ten or a dozen physician panels without
- 25 having this. It would be an administrative nightmare.

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1 It would be literally impossible to educate panels of
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- 2 three physicians who will cover three or four or five
- 3 states each the way the assignments are going about
- 4 State law, which, in itself, is vague and often subject
- 5 to interpretation in the process of deciding worker's
- 6 comp claims.
- 7 So this -- this is a deadly error that
- 8 is being committed if it still survives in the draft
- 9 form. Our understanding is that the DOE came up with
- 10 this in response to concerns about Federalism and about
- 11 the need to -- make states happy about using their
- 12 own -- using their own -- not granting state law.
- 13 That relates to legal matters that I
- 14 certainly don't have any expertise in, but it seems to
- 15 me, though, that if DOE asserts a standard that meets
- 16 the minimum legal standards by each state but exceeds
- 17 that, that wouldn't be preempting State's rights or
- 18 State law. Clearly --
- MR. BURTON: Try it again.
- DR. MARKOWITZ: If DOE asserts a
- 21 standard here that meets the minimum State standards
- 22 but goes beyond that, that that wouldn't preempt State
- law or that wouldn't contravene State law.
- 24 If DOE asserted a national standard
- 25 that were, for some states, below the State threshold

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1 for causality or compensability, then DOE couldn't do
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- 2 that. But to go above and beyond what the minimal
- 3 State requirements are for compensation, it would seem
- 4 to me, an employer, such as DOE has been, would be
- 5 entitled to do that.
- 6 Was there anything else on that point
- 7 that was raised?
- 8 MR. FALCO: Steve, I just wanted to
- 9 maybe clarify our discussion of what I said yesterday
- 10 and I think, as I say, the kind of transition in the --
- in the drafts between the uniform standard versus, you
- 12 know, complying with State standards had to do with the
- 13 general counsel's interpretation of Subtitle D and how
- 14 it related to Order 350.6. The 350.6, which says
- 15 that -- that the -- that the DOE will instruct
- 16 contractors not to dispute valid -- valid claims. And
- in 350.6 making reference to Subtitle D, whereby
- 18 Subtitle D would say that, basically, the purpose of
- 19 the panels is to determine what is a valid claim and
- 20 all this was -- and to assist contractor employees with
- 21 applications to State worker's compensation. In
- 22 particular, valid claims.
- 23 So it kind of -- the legal
- 24 interpretation sort of had to do with that. But I
- 25 would also say that we find in -- in interacting with

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1 our general counsel that their reading of the law
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- 2 and -- and concepts kind of evolve. And I think you
- 3 may find that in the final published -- in the
- 4 published proposed rule making, that this is further
- 5 evolved and there's a lot of discussion about this in
- 6 the preamble, as well.
- 7 CHAIRWOMAN SPIELER: I'm actually going
- 8 to ask the subcommittees chairs to chair the components
- 9 of the meeting in which they are making their
- 10 presentation. Greq.
- 11 DR. WAGNER: I think to summarize what
- 12 you said, our subcommittee made a specific
- 13 recommendation that the -- that the physician panel
- 14 rules should reflect the physician role of determining
- 15 causality and should not be directed towards having the
- 16 physician panels express opinions concerning
- 17 compensability. And I would suggest that we put that
- 18 forward to the group as a recommendation from our
- 19 subcommittee.
- 20 CHAIRWOMAN SPIELER: Questions?
- 21 DR. MUELLER: I just wanted to amend
- 22 that. So that would be the beginning of the motion and
- 23 then that we would also say that all physician panels
- 24 should answer the question as you had stated it,
- 25 whether it's medically probable or, et cetera, that

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1 should be stated -- that should be part of the motion.
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- 2 So they are both answered.
- 3 MR. BODEN: Steve? There was just
- 4 something you said before that I wanted to clarify
- 5 about -- I think you -- you made a statement about the
- 6 relationship between the physician panels and State
- 7 laws that had to do with the physician panels choosing
- 8 a standard that was, as I understood it, as stringent
- 9 as the most stringent State standard, which I don't --
- 10 if that's what you were thinking, it sounds to me like
- 11 not a good idea and gets you back into the
- 12 compensability area.
- I think -- I'd like to just clarify
- 14 because I think that the proposal that Greg made with
- 15 the amendment that Kathryn made really took the
- 16 physician panel compensability -- decisions outside the
- 17 realm of how the State laws might interpret their
- 18 decisions in the compensability context. Is that --
- 19 DR. MARKOWITZ: I didn't understand the
- 20 last part of that.
- 21 MR. BODEN: I think you shouldn't refer
- 22 to State law at all when you're talking about the
- 23 physician panels. I think you should simply say that
- 24 the physician panels are trying to make a medical
- 25 decision about causality and that other issues that

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1 might come up in State law such as, you know, a limited
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- 2 number of compensable conditions or aggravation or last
- 3 injurious exposure, et cetera, would -- I mean, this
- 4 is -- would not be a part of what the physician panel
- 5 would do.
- DR. WAGNER: Yeah. It would be outside
- 7 the purview. It would be beyond the consideration of
- 8 the panels.
- 9 MR. BURTON: I support the motion as I
- 10 understand it, which is to have a uniform standard
- 11 that, from a medical standpoint, tries to determine
- 12 causation, more probably than not and so on. I want to
- 13 separate that from endorsing your commentary about what
- 14 constitutes preemption because I think you're probably
- dead wrong on that. And I don't think that's -- that's
- 16 a separate issue, I think, that really is a tricky one
- 17 because if I understand what I thought the spirit of
- 18 the DOE thing was, it was to say we're not going to
- 19 preempt State laws in the technical sense, but we are
- 20 going to make determinations by these panels which
- 21 we're going to then encourage employers to accept and
- 22 pay on the basis of, even though they are inconsistent
- 23 with State law.
- I don't -- it's good that there's a
- 25 tricky question that needs -- and I think is beyond our

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scope is what happens if a carrier refuses to do that
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- 2 or if -- what happens if a State refuses to cooperate?
- 3 I don't think that ought to be a part of -- of what
- 4 you're recommending and that really gets into some
- 5 tricky legal preemption issues that I don't know what
- 6 the answer is myself.
- 7 But I want to clearly disassociate
- 8 myself from taking a stand on your views of preemption
- 9 as opposed to everything else you said.
- 10 CHAIRWOMAN SPIELER: I think Les was
- 11 trying to say the same thing.
- 12 MR. BODEN: I think, John, you said it
- 13 better.
- 14 DR. WAGNER: As long as we have a
- 15 physician -- this is exactly the issue that we're
- 16 trying to address that the physicians panel should be
- 17 dealing with the medical and scientific issues about
- 18 causality and that's it. You shouldn't be delving into
- 19 these other areas.
- DR. MARKOWITZ: Thereby proving why
- 21 physicians should pay attention to only medical issues.
- MR. BURTON: You made your case.
- MS. POST: Can I just make a comment? I
- 24 agree with -- as a representative of a State agency, I
- 25 totally agree with what John has said and also, Les has

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1 said. And so long as the physician panels stick to
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- their knowledge, which is medical causation, great.
- 4 a little overlap between medical and legal causation,
- 5 but once you step your foot into the legal, I think
- 6 it's a whole new ballgame.
- 7 DR. MARKOWITZ: Emily, you want us to
- 8 then now formulate the recommendation?
- 9 CHAIRWOMAN SPIELER: I think it would be
- 10 helpful for the purpose of the minutes and for any
- 11 historical review of our -- the position of this
- 12 committee if you could reformulate the motion right now
- 13 and if we could move and second it and call it to a
- 14 vote.
- DR. MARKOWITZ: Greg, you want to --
- DR. WAGNER: Sure. That the physician
- 17 panel rules should reflect the physician role of
- 18 determining causality rather than having physician
- 19 panels express opinions concerning compensability.
- DR. MUELLER: Are you going to add
- 21 another sentence? So -- and therefore, all physician
- 22 panels will determine whether there is -- I don't know
- 23 exactly what you stated -- there's a medical probable
- 24 causal relationship.
- DR. MARKOWITZ: Use a single uniform

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1 standard of causation that consists of more likely than
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- 2 not that the health condition was caused, contributed,
- 3 exacerbated, or accelerated by the toxic exposure
- 4 incurred under DOE employment.
- 5 MR. BURTON: I think the only thing I
- 6 would suggest adding, and I think it's clear, is to
- 7 make sure medical is always the modifier of the
- 8 causation. Because if a lawyer reads causation, even
- 9 though you mean it just in the medical thing, they are
- 10 going to think legal causation. That's clearly not
- 11 what we're saying.
- 12 CHAIRWOMAN SPIELER: All right. I think
- 13 we need it restated one more time by a single person.
- MR. BODEN: Is it possible that the --
- 15 that you could read -- I don't know how this works
- 16 exactly, but can you read something back to us and we
- 17 can modify it?
- 18 THE COURT REPORTER: I can try. "That
- 19 the physician panel rules should reflect the physician
- 20 role of determining causality rather than having
- 21 physician panels express opinions concerning
- 22 compensability, and, therefore, all physician panels
- 23 will use a single uniform standard of causation that
- 24 consists of more likely than not that the health
- 25 condition was caused, contributed, exacerbated, or

1 accelerated by the toxic exposures incurred under DOE

- 2 employment."
- 3 CHAIRWOMAN SPIELER: In the very first
- 4 phrase, it should say medical causation or causality
- 5 rather than just causality and it's the physician role
- 6 that we're talking about.
- 7 DR. WAGNER: Physician role. It's a
- 8 recommendation from the subcommittee to the group and I
- 9 would suggest that the group -- I would move that the
- 10 committee accept the recommendation from the
- 11 subcommittee.
- MR. BURTON: So moved. It doesn't need
- a second if it's a subcommittee recommendation.
- 14 CHAIRWOMAN SPIELER: Okay. Any further
- discussion on the motion? All those in favor, say aye.
- 16 Anyone opposed?
- 17 Okay. The motion passes unanimously.
- 18 Are there further issues to be brought
- 19 by the --
- DR. MARKOWITZ: Just a --
- 21 CHAIRWOMAN SPIELER: -- medical panel
- 22 subcommittee?
- DR. MARKOWITZ: In the draft physician
- 24 panel rules, there are -- towards the end, there were a
- $\,$  25  $\,$  set of criteria proposed whereby the Office of Worker  $\,$

- 1 Advocacy could re-review physician panel
- 2 determinations. So we're dealing with what
- 3 circumstances Office of Worker Advocacy could submit a
- 4 physician panel determination decision either to
- 5 another panel or to submit it back to the same panel
- for re-review.
- 7 And we found the criteria to be very
- 8 vague and it essentially allowed the Office of Worker
- 9 Advocacy to re-review decisions as often as it liked by
- 10 as many panels as it liked.
- 11 We thought there should be very specific
- 12 criteria, occasions when the office could review --
- 13 re-review determinations of the panel. Those should be
- 14 that when no consensus in the physician panel exists,
- 15 that there had to be unity.
- Secondly, when there's new information
- 17 that's arisen about the claim that could impact
- 18 decision.
- 19 And third, when there was demonstrated
- 20 to be conflict of interest by one of the physicians who
- 21 had sat on the panel who had made that determination.
- 22 And above and beyond that, we didn't
- 23 really see when the Office of Worker Advocacy should
- 24 have latitude to re-review decisions by physician
- 25 panels.

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1 MR. OLSEN: Steve, when -- under what
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- 2 circumstances would you contemplate new information?
- 3 DR. MARKOWITZ: When there's new
- 4 exposure information that comes out in particular. If
- 5 there's new medical information, although that would
- 6 be --
- 7 MR. OLSEN: You mean like a medical
- 8 breakthrough?
- 9 DR. MARKOWITZ: No. No. About the
- 10 nature of the condition that the person has, although I
- 11 wouldn't expect that to occur much. The exposure
- 12 information, though, evolves all the time. So that, I
- 13 think, would be more likely to be the --
- DR. WAGNER: For example, Larry Elliott
- was saying there's about to be a new publication
- 16 concerning radiation exposure at Portsmouth. That, in
- 17 the event of radiation-related illnesses, should be
- 18 taken into consideration. I could see a -- there's
- 19 growing evidence of the role of silica exposure in
- 20 creating chronic kidney disease and to the extent that
- 21 that information makes it into the peer-reviewed
- 22 medical literature, becomes common knowledge, then that
- 23 might be something that the DOE would take into
- 24 consideration as new information related to old
- 25 previously failed claims for supporting a claim for

- 1 chronic kidney disease.
- 2 DR. MARKOWITZ: Also, information that
- 3 would come out in the Former Worker programs over time
- 4 which may relate certain conditions to exposures in
- 5 subsets of workers in plants and that information
- 6 should be relevant to this.
- 7 MR. BURTON: I think this is a tricky
- 8 enough one because it seems to me you've got to be
- 9 careful this doesn't open up reconsiderations that go
- 10 the other direction. Because I could imagine medical
- 11 science evolving in a way that says, we used to think
- 12 certain exposures cause X. Now we have better evidence
- it doesn't. I don't know that we -- I'm almost
- 14 encouraged to say this is one for the subcommittee to
- go back and redraft and come back to us on this one
- 16 because I do this is a complicated enough one, I hate
- to see us do this one on the spur of the moment.
- 18 Also, I think there ought to be some
- 19 time limits here. There's some, obviously, from an
- 20 employee standpoint, they have wanted to reopen for a
- 21 long time, someone, I think -- some limitation about --
- 22 that they seem to be closed out, don't just keep
- 23 hanging around.
- DR. WAGNER: My guess is that since this
- was addressed in the first draft rules that we saw,

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1 that DOE will be addressing it in their draft rules,
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- 2 will have an opportunity to review and comment on them
- 3 both individually and then to probably consider whether
- 4 there's a subcommittee recommendation that comes
- 5 through. So I'd defer consideration of this specific
- 6 recommendation.
- 7 MR. BODEN: Can I just ask a question?
- 8 I don't remember it that well. I'm a little confused.
- 9 When you're talking about a review of the physician
- 10 panel reports, my -- my assumption is that this is a
- 11 review that occurs before the decision about paying a
- 12 claim and it's not -- you're not talking about
- 13 something that happens years after the claim is paid
- 14 that new medical evidence arrives?
- DR. MARKOWITZ: That's not -- it's an
- 16 issue of time limits is relevant. That's not addressed
- in the proposed rule at all. There are no time limits.
- 18 It doesn't state whether, once the claim is paid, that
- 19 the consideration for re-review are different.
- 20 MR. BODEN: So -- but that might be
- 21 another area of -- to address; that is, whether to
- 22 clarify whether this reconsideration is simply a
- 23 consideration of the physician panel report prior to
- 24 making a decision about paying a claim or whether it's
- 25 referring to something that's more long-term because I

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1 think there are two quite different circumstances.
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- DR. MARKOWITZ: Any other comments? The
- 3 third issue we raised was quality assurance. There is
- 4 almost nothing about quality assurance on the physician
- 5 panel operation in the proposed rules. We would like
- 6 to see a plan developed that needn't and probably
- 7 shouldn't be specified in the rules; nonetheless, the
- 8 office needs to do that and we don't have it.
- 9 Apparently, there isn't anything drafted. And so we
- 10 would request to be involved in that process and that
- 11 that process should proceed, should develop a plan for
- 12 quality assurance, but they should permit something.
- 13 We should get a chance to provide input.
- 14 DR. MUELLER: And that plan should
- include a way to deselect physicians off the panel if
- 16 necessary.
- DR. MARKOWITZ: That's right.
- 18 CHAIRWOMAN SPIELER: I think you need to
- 19 talk up, so that it can be recorded in the --
- DR. MUELLER: To remove physicians from
- 21 the panel.
- 22 MR. BURTON: Remove physicians from the
- 23 panel. Again, I don't know. Is this something that we
- 24 want to wait and see what the draft regulations look
- 25 like and comment? Or is this --

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1 DR. WAGNER: This is probably
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- 2 operational. And we don't anticipate that it's in the
- 3 draft rules and so it is a matter of getting it on
- 4 their operational plate.
- 5 MR. BURTON: Okay.
- 6 CHAIRWOMAN SPIELER: Do you feel that it
- 7 would be useful to have a formal recommendation from
- 8 this committee on this issue?
- 9 DR. WAGNER: Yes.
- DR. MARKOWITZ: Sure. The
- 11 recommendation is that the quality assurance plan be
- developed as soon as possible and that we would very
- much like to see drafts of that as soon as possible.
- 14 CHAIRWOMAN SPIELER: And that there be a
- 15 mechanism for deselection? Or no?
- DR. MARKOWITZ: That's one of a number
- of issues they need to deal with.
- 18 CHAIRWOMAN SPIELER: Okay. So the
- 19 motion, as I understand it, coming from the
- 20 subcommittee is that there be a mechanism for quality
- 21 assurance and review of the performance of the medical
- 22 panels developed by DOE and that the members,
- 23 particularly of the subcommittee on physician panels of
- 24 this committee, be invited to be involved in the
- 25 development of that quality assurance process.

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1 That comes as a motion made and seconded
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- 2 by the subcommittee. Is there any discussion on that?
- 3 MR. OLSEN: Who would develop the QA
- 4 plan?
- 5 DR. MARKOWITZ: Who would? The Office
- 6 of Worker Advocacy.
- 7 MR. BODEN: Actually, that's a good
- 8 amendment on the rule, that you never -- that you make
- 9 sentences active instead of passive. Then the
- 10 recommendation should be that the Office of Worker
- 11 Advocacy develop a quality assurance plan for medical
- 12 panels.
- MR. OLSEN: Yeah.
- 14 CHAIRWOMAN SPIELER: I assume that would
- 15 be a friendly amendment.
- DR. MARKOWITZ: Yes.
- MR. BODEN: Very friendly.
- 18 CHAIRWOMAN SPIELER: Any further
- 19 discussion? All those in favor? Opposed?
- 20 Carries unanimously. Is there anything
- 21 else from --
- 22 DR. MARKOWITZ: A small related issue
- 23 that Ricky raised was this idea that if physicians have
- 24 three-year terms on these panels, that the Office
- 25 should stagger them so that there is continuity:

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One-third of physicians being appointed any given year
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- or that the term be one year, two years, or three --
- 3 three years, but, at the beginning, find a way of
- 4 rotating -- rotating it so that all of the physicians
- 5 aren't reappointed in any given year. It may not be
- 6 achievable the first two years because you don't really
- 7 want any physician serving just one year, but,
- 8 thereafter, it should be doable.
- 9 MR. SHOR: Do people stay in the
- 10 office -- in the role until there is a replacement for
- 11 them? Because if there isn't and the terms end, they
- 12 are going to have a depletion of the numbers of people
- 13 before the reappointments are made.
- MR. BLEA: I agree that they should stay
- in place until a replacement. There's no doubt about
- 16 that.
- DR. MARKOWITZ: Greq.
- 18 DR. WAGNER: I also think that there is
- 19 going to be some natural turnover, but the concern of
- 20 the committee was in not having a, you know, single
- 21 point of departure, single point of entry. And
- 22 staggering the terms of initial appointment seemed to
- 23 be one step towards that.
- 24 Again, this is probably an operational
- 25 issue, since, you know, there are no rules about the

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1 length of service of the physicians' panel at this
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- time, so a recommendation to the Office of Worker
- 3 Advocacy on how to set this up with that goal in mind.
- DR. MARKOWITZ: Anything else? One
- 5 final concern that had to do with --
- DR. WAGNER: Do you want to make that a
- 7 formal recommendation?
- DR. MARKOWITZ: Shall we?
- 9 CHAIRWOMAN SPIELER: I don't think it's
- 10 necessary. We don't -- although it's -- the committee
- 11 doesn't believe it's necessary to make this in a formal
- 12 motion, we'd like to urge the Office of Worker Advocacy
- 13 to devise a plan that would prevent a sort of wholesale
- 14 turnover on physician panels -- simultaneous wholesale
- 15 turnover on physician panels at the end of terms.
- 16 DR. MARKOWITZ: The final concern had to
- do with the triage function of the Office of Worker
- 18 Advocacy, for once a claimant submits a request for
- 19 physician review, circumstances under which that office
- 20 would not send that file to a panel for review. And in
- 21 the draft physician rules, it says that when the
- 22 applicant submits reasonable evidence of illness or
- 23 death of covered employee is related to employment. We
- found that to be excessively vague and would like to
- 25 know from the office what -- what that means and what

- 1 their specific plans are when the initial review is
- 2 done by the Office of Worker Advocacy, the
- 3 circumstances under which it would not send along a
- 4 file to the physician panel for review.
- 5 MS. KIMPAN: We could respond to the old
- 6 draft, Steven, but it probably --
- 7 DR. MARKOWITZ: Don't bother. Just tell
- 8 us what the current thinking is.
- 9 MS. KIMPAN: Okay. To the extent we
- 10 can.
- 11 MR. FALCO: Yeah. I mean, I mean, the
- 12 current thinking -- and this is very general, as I say.
- 13 It'll -- the new -- we'll have to reflect on the new,
- 14 you know, proposed rule when it's published -- was just
- some very basic criteria in terms of yes, the person
- 16 actually did work for a DOE contractor. Yes, they have
- 17 an illness, and -- and it was not an injury, that sort
- 18 of thing. And they had -- and they had brought some
- 19 evidence and their application contained some evidence
- 20 supporting these factors.
- 21 So the idea was a very kind of liberal
- 22 or minimal kind of criteria, but -- you know, rather
- than, you know, any kind of opinion about causation.
- 24 And, you know, we felt that was the panel's role and
- 25 not that there was going to be, you know, a high fence

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1 to jump over before referral to a panel.
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- DR. MARKOWITZ: Would it be a physician
- 3 who would be reviewing that and making that decision?
- 4 MR. FALCO: I mean, the draft procedures
- 5 that we had written was that the case manager would be
- 6 reviewing this and the case manager would have, you
- 7 know, some background in, like you say, occupational
- 8 health nursing or in reviewing worker's comp type of
- 9 claims. And they would then -- in rejecting an
- 10 application, would consult a physician -- you know, the
- 11 worker advocacy physician and director so that --
- 12 and/or directors so that there would be -- for claims
- 13 that were -- that were rejected. At that point, there
- 14 would be some review of those rejections.
- DR. MARKOWITZ: Because it's understood
- 16 why you would want to verify that they were employed at
- 17 DOE. But once you get into the issues of the second
- 18 two criteria -- is there a medical illness and is there
- 19 some evidence of -- limited evidence of exposure --
- 20 then you get into, really, the substance of the matter
- 21 and it -- it's hard to see how you can really do that
- 22 superficially in a way that's really fair to people
- 23 universally.
- 24 We didn't really discuss within our
- 25 subcommittee what we thought the criteria should be.

1 We don't have a specific recommendation. Perhaps we

- 2 could discuss it now if there's time.
- 3 DR. WAGNER: I think that there was some
- 4 discussion of a commitment to making sure that the
- 5 barriers to referral to a physician panels were as low
- 6 as possible. That we really didn't want there to be
- 7 artificial barriers. And at the same time, we
- 8 recognize the importance of the development of exposure
- 9 information that was relevant to the physician's panel
- 10 being able to make a reasonable determination of
- 11 causality.
- DR. MARKOWITZ: The question is whether
- 13 we need to be more specific in our recommendation to
- 14 the office. Les?
- MR. BODEN: I had just one concern about
- 16 that triage function that maybe we wouldn't want to
- 17 take up, and that is to ensure that there would be
- 18 nobody who would be kicked out of the process, for
- 19 example, because the State statute of limitations had
- 20 expired or because there was a belief that this was not
- 21 their last injurious exposure or some other sort of
- 22 state-specific barrier.
- 23 And I don't know if that had been
- 24 contemplated at all as a possibility, but I think it
- 25 might be worthwhile for the committee, if it believes

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1 that that's the wrong way to go, to make itself clear
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- on that point. That is, that people not be barred from
- 3 going to the physician panels because of some State
- 4 specific --
- 5 CHAIRWOMAN SPIELER: Legal barrier.
- 6 MR. BODEN: -- legal barrier.
- 7 DR. MUELLER: Well, this is partially my
- 8 concern. And I really thought that it should just be
- 9 that if they are an employee and they have an illness,
- 10 which is essentially what Joe is saying -- if they
- don't have an injury, they have an illness, it should
- just go to the physician panel. I mean, we're not sure
- what these people's exposures were. We're not sure
- 14 that's been gotten into in as much depth as maybe the
- 15 physician panels would think about.
- I don't think that should be a question
- and I don't think any of the State issues should be a
- 18 question. If it's that obvious it's unrelated, the
- 19 physician panel should say it's unrelated. We could
- 20 say this disease is not related to any possible
- 21 exposure we're aware of. If they are not sure about
- 22 the exposure, they can get into it.
- I think that should at least be out
- there so there is no problem with anyone not letting it
- go forward and getting a medical opinion.

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1 MR. FALCO: Yeah. I think the language
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- 2 in the proposed rule reflected Subtitle D, which talks
- 3 about what -- what applications would be reviewed by
- 4 panels. And the two were that the application was
- 5 filed on behalf of a Department of Energy contractor
- 6 employee of a State and that the illness or death may
- 7 have been related to employment at a Department of
- 8 Energy facility.
- 9 So that, basically, the -- it was felt
- 10 that the -- that, on some level, the proposed rule had
- 11 to reflect the language -- what -- the concepts in
- 12 Subtitle D.
- 13 And I'd just say that the -- I -- the
- 14 proposal that's going to be published does have some
- 15 discussion as to what applications will be referred to
- 16 the panels and solicits the public's thoughts or
- 17 opinions about what these -- what these criteria should
- 18 be. So I would, you know, urge the committee or the
- 19 committee members to respond to -- to the proposed
- 20 rule.
- 21 CHAIRWOMAN SPIELER: Nevertheless, it
- 22 might be appropriate for us to make clear our view
- 23 since it's unlikely that we'll be sitting together as a
- 24 committee before the comment period closes on this
- 25 rule, assuming that it actually gets published on the

schedule that was suggested by the Assistant Secretary

- 2 Cary this morning.
- 3 So I would suggest that we formally
- 4 suggest to the Department that cases where physician
- 5 panel review is requested be referred for physician
- 6 panel review if there is evidence of DOE employment and
- 7 assertion of a related illness and that, in particular,
- 8 all doubts with regard to this be resolved in favor of
- 9 physician panel review.
- 10 And further, that specific components of
- 11 individual State law not be used as a measure of -- for
- 12 appropriateness for review by physician panels. And I
- 13 would make that -- since I'm not sitting as chair on
- 14 that one and Steve is, I would make that in the form of
- 15 a motion.
- MR. BODEN: Second.
- DR. MARKOWITZ: I probably ask for a
- 18 second since that came from outside the subcommittee.
- DR. WAGNER: Les just said second.
- DR. MARKOWITZ: Now you can vote. Is
- there any discussion? Further discussion?
- 22 MR. OLSEN: I'm not a voting member, but
- 23 it seems to -- my position on this is a very, very
- 24 distinct minority, that this law does not require or
- 25 mandate a waiver of State law defenses such as statutes

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of limitations and that if they still apply --
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- 2 referring a case, if there are certain state-based
- 3 defenses that would -- would prohibit a claim from
- 4 being considered valid, that it would be a waste of
- 5 taxpayers' resources to refer it to a physicians' panel
- 6 to -- for a determination of causation.
- 7 MS. POST: I have a question, Emily.
- 8 Are you just talking about getting to the door, to the
- 9 physician panels? You're not talking about level of
- 10 compensation?
- 11 CHAIRWOMAN SPIELER: No. No. The
- 12 question, I think, that we have before us is what gets
- 13 referred so that the physician panel could make the
- 14 medical causality determination. It actually doesn't
- 15 raise any of the questions that follow on with regard
- 16 to State law defenses or any of those other issues,
- 17 other than perhaps the resource allocation issue that
- 18 Mark has raised.
- MS. POST: And so are you -- is your
- 20 position that in your -- in your motion if a -- if it's
- 21 right to call it that, would be that so long as the
- 22 individual meets the criteria, No. 1, being an employee
- 23 that's covered under this particular act, being an
- 24 employee at a DOE site or former employee at a DOE site
- 25 and that there's at least -- the claimant or

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1 individuals are claiming that they have been harmed or
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- 2 have an illness because of that employment situation,
- 3 that those cases be reviewed or be sent to the
- 4 physician panel --
- 5 CHAIRWOMAN SPIELER: Uh-huh.
- 6 MS. POST: -- without regard to State
- 7 worker's compensation defenses?
- 8 CHAIRWOMAN SPIELER: Uh-huh.
- 9 MS. POST: Okay.
- 10 MR. ELLENBERGER: Mark raised the -- I
- 11 think a very valid point, but one that -- that I don't
- 12 think we need to consider. And that's because
- individuals who are covered by this law are entitled to
- 14 all of the procedures of this law, including having
- their case go to a physicians' panel for a
- 16 determination of whether or not their condition is more
- 17 likely than not related, regardless of the outcome in
- 18 the State worker's comp.
- 19 That entitlement belongs to the
- 20 individual and we need to fall clearly on the side of
- 21 that entitlement.
- DR. MARKOWITZ: Was your comment
- 23 about -- following Mark's?
- MR. BODEN: Yes. I also agree with Mark
- 25 that the law does not require employers to forego their

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defenses. On the other hand, it also does not require
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- 2 the employers to assert their defenses. If a statute
- 3 of limitations defense, just to take an example, is
- 4 used to deny a worker access to the physician panel,
- 5 then the employer doesn't have -- the case will never
- 6 get to the point where the employer can decide to
- 7 assert or not assert their defense and the worker then,
- 8 basically, is unlikely to have a case of any sort.
- 9 Although I would agree that there would
- 10 be some physician panel resources that would be spent
- on cases that could be validly denied because of, for
- 12 example, statute of limitations defenses, that there's
- 13 really a tradeoff between spending those resources on
- 14 claims that eventually get denied for legal or valid
- 15 reasons and not permitting a group of workers to get to
- 16 the point where the employer can decide and DOE, in its
- 17 contractual relationship with the employer, can decide
- 18 whether or not to forego those defenses.
- 19 DR. MARKOWITZ: A nonmedical panel only
- 20 finds about 20 to 30 percent of the claims is there
- 21 really occupational causality. So it's -- they really
- 22 do knock off the vast majority of claims. So if you
- think about the process as a two-stage process with
- 24 consideration of causality and compensability, which
- 25 should go first. In either instance, you would be, in

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1 a sense, wasting resources. If you have the initial
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- 2 review being compensability, perhaps the majority of
- 3 causality wouldn't be obtained. That was a waste of
- 4 time for the compensability people. And vice versa.
- 5 I think the risk of wasting resources
- 6 and time is -- is there regardless of which goes first.
- 7 Any other comments?
- 8 CHAIRWOMAN SPIELER: I actually would
- 9 like to make a comment because I'm staring at the
- 10 language of the statute right now and this is related,
- 11 but I just -- I'd like to get this on the record
- 12 because I have concerns about the way there have been
- 13 references to the way the State MOU's are going to
- 14 relate to the development of the physician panel rules.
- 15 And the submittal of applications to the panels is
- dependent on the language of the MOU's, which we
- 17 haven't really discussed and has not been shared with
- 18 this committee.
- 19 And I would like to point out that the
- 20 MOU section of the law, 3661 Sub A, is qualified by
- 21 "the agreements are to provide assistance to Department
- 22 of Energy contractor employees in filing claims under
- 23 appropriate State worker's compensation laws." I focus
- on the assistance component of that language because it
- sounds as if, legally, there could be a drafting of an

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1 MOU that would erect barriers to the submission of
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- 2 claims to the physician panels because Subsection C of
- 3 that same section says if provided in an agreement
- 4 under Subsection A and if the Secretary determines as
- 5 Joe just read, then it's to be submitted to the
- 6 physician panels.
- 7 And I just want to call the committee's
- 8 attention to the sort of integration of those two
- 9 sections of the law and the fact that the MOU's are, in
- 10 fact, intended to provide assistance to the employees
- and, therefore, the committee's position that there
- 12 should be -- that the rules and the OWA should lean in
- 13 favor of liberal interpretation in order to submit
- 14 these for review in the physician panels is an
- 15 appropriate position to be taken. And therefore, I
- 16 think the motion stands as an appropriate one.
- DR. MARKOWITZ: If there's no further
- 18 discussion, can we conduct a vote?
- 19 CHAIRWOMAN SPIELER: You're handing the
- 20 chairpersonship back to me?
- DR. MARKOWITZ: Okay.
- 22 CHAIRWOMAN SPIELER: Assuming my chair,
- 23 we have a motion made and seconded that's been
- 24 discussed. Is there any further discussion on the
- 25 motion? All those in favor, say aye.

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1 MS. POST: Could I just have the motion
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- 2 restated for clarity, since we've talked about a lot of
- 3 different things?
- 4 CHAIRWOMAN SPIELER: I'm not going to be
- 5 able to restate it in the exact same words and I would
- 6 like to stand by the words that I previously stated in
- 7 the formal making of the motion, but as the person who
- 8 made the motion, the intent of the motion was to say
- 9 that the -- that cases would be -- we recommend
- 10 strongly to the OWA, the Department of Energy that
- 11 cases be submitted to physician panels if there is
- 12 evidence of Department of Energy employment and
- assertion of a disease that's related to that
- 14 employment, and that barriers not be erected to the
- 15 submission to the physician panels based upon either
- 16 review of the record or the use of specific State laws.
- 17 And in particular, the -- that evidence be liberally
- 18 construed in favor of the claimant.
- 19 That is a fair restatement, I think, at
- 20 least of the -- all those in favor? Opposed? Motion
- 21 passes unanimously.
- Is there anything further from your
- 23 subcommittee, Steve?
- DR. MARKOWITZ: No.
- 25 CHAIRWOMAN SPIELER: Moving on to the

1 claims processing. Let me just -- has Pete Turcic ever

- 2 called in?
- 3 MS. KEATING: I have left numerous
- 4 messages at his office and on his cell phone.
- 5 CHAIRWOMAN SPIELER: Thank you. Don and
- 6 Vikki, as cochair of the claims processing or claims
- 7 notification, this is your part of the meeting and I'd
- 8 ask that you chair it.
- 9 MR. ELISBURG: Well, in the interests of
- 10 time, I should point out that the claims processing
- 11 subcommittee met for about two hours yesterday
- 12 afternoon. It appeared to have reconvened as a
- 13 committee as a whole for several hours last night and
- 14 again for about an hour and a half this morning to
- 15 discuss the issue of the way in which the claims are
- 16 being processed under the new activity that's been
- 17 underway for the last month at the various Resource
- 18 Centers.
- 19 So much of what we could talk about has
- 20 not only been discussed, it's been discussed with the
- 21 Assistant Secretary, with the staff in terms of the
- 22 concerns that were being expressed by the members of
- 23 the committee, subcommittee and, for that matter, the
- 24 members of the committee over the extent to which
- 25 claimants coming into the system are being

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1 appropriately advised of all of their rights, being
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- 2 given the level of assistance that is expected when
- 3 they come into the offices, being provided the support
- 4 necessary to properly submit the evidence and obtain
- 5 the evidence and information necessary to move a claim,
- 6 and all that goes with that process.
- 7 And a great deal of concern that the
- 8 Department of Labor has provided a -- a fairly
- 9 comprehensive system of paperwork that, on its face,
- 10 certainly seems to dot the I's and cross the T's to
- 11 move paper.
- 12 The Resource Centers have a fairly
- 13 comprehensive manual that we've all received copies of
- 14 that, again, appears to be a process for handling paper
- and checking off boxes and moving pieces of paper
- 16 forward.
- 17 Whether or not any of that is the kind
- 18 of information or the kind of instruction and directive
- 19 necessary to elicit from the people coming in, are they
- 20 filing for -- for the Federal side, are they filing for
- 21 the State side, are they -- what are their
- 22 opportunities and options and so forth, I must say that
- 23 still remained relatively unclear.
- We felt that that is an area that needs
- 25 attention by the agency, including perhaps even

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development of the equivalent of a script so that the
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- 2 intake people are, in fact, asking the right questions
- 3 and dealing with the right information.
- 4 One caveat to all of this, because it
- 5 does run through the frustration that we had in the --
- 6 in dealing with the subcommittee yesterday and, really,
- 7 the frustration last night and today -- last night from
- 8 claimants and today when we started out with the
- 9 Assistant Secretary. And that is the Department of
- 10 Energy on the worker's comp side, the State claims
- 11 side, because it does not have its rule in place, is
- 12 unable to articulate how they really intend to proceed
- 13 with these claims, what the criteria are going to be,
- 14 how the process is supposed to work, and it's kind of
- 15 all waiting, waiting, waiting for this magic event to
- 16 happen. And of course, they are precluded from
- 17 seriously talking about it.
- 18 And I don't mean to be facetious. It
- 19 was just very frustrating both to them and to us that
- 20 there's a whole side of this process relating to the
- 21 State claims that is not really developed. And it was,
- 22 I think, part of where the subcommittee was expressing
- 23 its concern. You know, too many of the processes just
- 24 aren't in place.
- I don't know that we had a specific set

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of recommendations on -- on this, other than it is
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- 2 obviously the concern that -- that the agency get its
- 3 act together and really focusing on assisting.
- 4 Jeanne Cisco did, in fact, make a
- 5 specific proposal, I believe, at our subcommittee
- 6 involving the use of the Former Worker programs to help
- 7 develop information regarding exposure data and
- 8 toxicity for workers. Is that correct, Jeanne?
- 9 MS. CISCO: Yes.
- 10 MR. ELISBURG: You might want to speak
- 11 to it. I've parsed your e-mail into the equivalent of
- 12 a motion, but go ahead and talk about what you had in
- 13 mind and we can put it into the form of a motion that I
- 14 think we want the committee to adopt.
- MS. CISCO: The -- I see the need for --
- 16 for the work history development for the physicians'
- 17 panel. This is -- anywhere they have former workers,
- 18 this should be country wide. We need the funding to do
- 19 that from DOE. I think that the whole process will
- 20 fail unless we have that, where they can go in and, you
- 21 know, do the work that they need to do to support these
- 22 claims or work -- nothing is going to work on a State
- 23 comp claim. So I don't have that in front of me.
- 24 That's my motion.
- 25 MR. ELISBURG: I think all of you

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1 received a copy of the memo that Jeanne sent -- sent
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- 2 out -- and it was forwarded by Emily, I think, for
- 3 inclusion in your folders -- in terms of the meeting
- 4 with the Industrial Commission and so forth and so on.
- 5 Boiling that down to a proposal, let me
- 6 read what I had parsed out here. That is that we would
- 7 request the Office of Worker Advocacy to assist
- 8 claimants in obtaining criteria needed to establish the
- 9 causality and medical information in their claims as
- 10 well as to help define the last injurious exposure.
- 11 This information will be needed -- will
- 12 need to be developed for the use of a physicians' panel
- 13 and the adjudication process of the claim. That was
- 14 point 1.
- Part 2 was the DOE Office of Workers
- 16 Advocacy should provide funding to the medical
- 17 surveillance programs to do the additional work that
- would establish the job of building exposure
- information that can be linked with in-depth
- 20 occupational histories for claimants to give a more
- 21 complete exposure history.
- Is that the gist of it?
- MS. CISCO: Yes. Thank you.
- MR. ELISBURG: On behalf of the
- 25 subcommittee, I believe I would move that.

CHAIRWOMAN SPIELER: Can I ask you a

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      question?
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                     MR. ELISBURG: Certainly.
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                     CHAIRWOMAN SPIELER: Are medical --
      Former Worker programs available to everyone? Or does
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      that need to be an addition to that motion that
 7
      addresses those people who need to be addressed?
                     MR. ELISBURG: I don't believe that
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      covers the universe. That's sort of -- part 2 covers
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10
      the Former Worker programs. Paragraph 1 really says
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      the Office of Worker Advocacy should assist in doing
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      this. So I don't know whether we would want to also
      say you should fund additional Former Worker programs.
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                     CHAIRWOMAN SPIELER: No. I wasn't
15
      suggesting that. But I think there needs to be
16
      specific reference to the fact that the -- even if the
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      Former Worker programs were funded to do this, that
      doesn't cover the universe. And it's important for us
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      to -- I've come away from our conversations of the last
      two days feeling that there needs to be some real focus
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- MR. ELISBURG: The first paragraph
- 23 really directs or proposes that the Office of Worker

on how claims are going to be developed for everyone.

- 24 Advocacy take a proactive role in assisting the
- 25 claimants to develop this information.

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1 The second paragraph says that the
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- 2 medical surveillance program should do the work. I
- 3 suppose you could say the medical surveillance
- 4 programs, where available, should do the work. And
- 5 that, I think, covers the issue that you wanted to
- 6 cover.
- 7 CHAIRWOMAN SPIELER: Uh-huh.
- 8 DR. MARKOWITZ: Let me clarify. The
- 9 Former Worker program probably cover two-thirds of the
- 10 complex. Not the atomic weapon employers or the
- 11 beryllium vendors, but the prime contractors in DOE.
- 12 MR. ELISBURG: The question is what
- 13 happens to the other third.
- DR. MARKOWITZ: Provisions should be
- 15 made.
- 16 CHAIRWOMAN SPIELER: And all the AWE and
- 17 vendors -- beryllium vendors.
- 18 DR. MARKOWITZ: To me, the underlying
- important notion here is that DOE not keep internal
- 20 within DOE the development of the proper exposure
- 21 information in support of a claim. That it should not
- 22 be simply a process -- because I don't think it'll have
- 23 any credibility -- that the DOE operations office
- 24 provides whatever information is available and that the
- Office of Worker Advocacy engages in a process of

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1 collecting exposure information, directly or through
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- 2 some other indirect process. But if it's kept within
- 3 DOE, I don't think it'll be credible.
- 4 MR. ELISBURG: That's our motion.
- 5 You're chair. I'm moving the motion. I'm sorry. I
- 6 didn't see you down there.
- 7 DR. MUELLER: I just had a commentary on
- 8 the way the beginning of that motion was. It sounded
- 9 to me we were throwing in last injurious exposure,
- 10 which gets us back into the State legislative issues
- and it was mixed with the physician panel. Our prior
- 12 motion said --
- MR. ELISBURG: I would be willing to
- 14 drop that phrase. It's not essential to the process.
- DR. MUELLER: It kind of mixed up those
- 16 concepts.
- 17 MS. POST: Could you make it general
- 18 like exposure to a toxic substance? Something that
- 19 mimics the --
- 20 MR. ELISBURG: Assist claimants in
- 21 obtaining criteria needed to establish the --
- DR. WAGNER: Exposure to a toxic
- 23 substance.
- MR. ELISBURG: Exposure to toxic
- 25 substances in their claims.

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1 MR. BODEN: Do you want to read the
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- 2 whole thing? Now that we've changed it --
- 3 MR. ELISBURG: Request the office --
- 4 No. 1, request the Office of Worker Advocacy to assist
- 5 claimants in obtaining criteria needed to establish the
- 6 toxic exposure -- exposure to toxic substances
- 7 involving their --
- DR. WAGNER: Relevant to -- relevant to.
- 9 MR. ELISBURG: -- relevant to their
- 10 claims. All right. Period. This information will
- 11 need to be developed for the use of the physicians'
- 12 panel and the adjudication process of the claim.
- 13 2, the DOE Office of Worker Advocacy
- 14 provide funding to link the knowledge of the exposure
- 15 areas and the jobs.
- 3, the medical surveillance programs,
- 17 where available, should do the additional work that
- would establish the job or building exposure
- 19 information that can be linked with the occupational
- 20 histories for claimants to give a more complete
- 21 exposure history.
- 22 DR. MARKOWITZ: One clarification to
- 23 that. Medical surveillance refers to on-site medical
- 24 programs for current workers or it can refer to Former
- 25 Worker medical surveillance programs.

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1 MR. ELISBURG: I would concede as
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- 2 defined by Dr. Markowitz.
- 3 DR. MARKOWITZ: I'm not recommending one
- 4 or the other. I'm --
- DR. WAGNER: How about both?
- 6 MR. ELISBURG: I'm assuming whatever
- 7 program we can find that's available is what Jeanne was
- 8 talking about, I would assume.
- 9 You have a whole series of different
- 10 grants out there that some deal with on site, some deal
- 11 with our Former Worker programs. With those
- 12 amendments, can we proceed?
- 13 MR. BODEN: What was that amendment?
- 14 MR. ELISBURG: I pass the chair to
- 15 Emily. I don't want to do this anymore.
- 16 CHAIRWOMAN SPIELER: As I understand --
- 17 MR. ELISBURG: It's time to move on.
- 18 CHAIRWOMAN SPIELER: Why don't you give
- 19 me the paper. As I understand the motion, it stands as
- 20 Don read it with the amendment that it include both of
- 21 the programs that Dr. Markowitz just referenced. Is
- 22 that --
- DR. MARKOWITZ: I wasn't recommending
- 24 that both be included. I was simply stating to clarify
- 25 that, if you simply state medical surveillance program,

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it can refer to either. I run a Former Worker program,
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- 2 so I'm on the verge of conflict of interest and I don't
- 3 want to pursue it any further. Let me --
- 4 CHAIRWOMAN SPIELER: Okay. Then let
- 5 me -- Jeanne?
- 6 MS. CISCO: I had a Former Worker
- 7 program in mind. That's the one I deal with. If you
- 8 use the current worker, then you're getting back into
- 9 the medical surveillance of the plant there.
- 10 CHAIRWOMAN SPIELER: So you
- 11 specifically --
- MS. CISCO: Outside --
- 13 CHAIRWOMAN SPIELER: That then the
- 14 language of the motion should read, rather than medical
- 15 surveillance, Former Worker programs?
- MS. CISCO: Yes.
- 17 CHAIRWOMAN SPIELER: And Steve raises an
- 18 important point here. There are several people on this
- 19 committee, I believe, who are involved in the Former
- 20 Worker programs. I would suggest that we split this
- 21 motion in half. That it has two components, and we
- vote first on the component that simply asks OWA to
- 23 provide clear assistance to the claimants as that
- 24 motion -- the first paragraph, No. 1 was read by
- 25 Mr. Elisburg.

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1 Is there further discussion of that
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- 2 component of the motion? All those in favor? Opposed?
- 3 The second component is the Former
- 4 Worker programs be asked to do this and paid to do it.
- 5 And as I understand it, several members of this
- 6 committee are involved in Former Worker programs and,
- 7 therefore, can be deemed to be conflicted on this
- 8 issue. And I would ask that those people identify
- 9 themselves so that you will not vote on this motion.
- 10 Perhaps it would be appropriate to table
- 11 this motion. It appears that one, two, three, four --
- 12 six people who are voting members of this committee
- 13 have -- seven -- six have a financial interest in the
- 14 Former Worker programs in some way or other.
- 15 And I think, as chair, I'm going to ask
- that this component of the motion be tabled unless
- 17 there's strong objection to that.
- MR. ELISBURG: I have to abstain.
- 19 CHAIRWOMAN SPIELER: Oh, okay. I didn't
- 20 actually count you. So -- as one of the few people in
- 21 this room who have no financial relationship with the
- 22 Former Worker program, I am discomfited by passing a
- 23 motion by a small minority of people on this committee
- 24 and I would ask that it be tabled, but that the issue
- 25 be considered by the OWA and not adopted formally by

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1 this committee.
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- 2 MR. BODEN: You don't want it to be
- 3 tabled.
- 4 CHAIRWOMAN SPIELER: I'm sorry. Not
- 5 tabled. Tabled as a motion, a formal motion.
- 6 MR. BODEN: Not tabled to reappear at
- 7 some later time.
- 8 CHAIRWOMAN SPIELER: Perhaps it should
- 9 be withdrawn by the committee. Is that acceptable to
- 10 you? Withdrawn?
- MR. BODEN: Withdrawn, yes.
- 12 CHAIRWOMAN SPIELER: Is that acceptable
- 13 to the committee?
- MR. ELISBURG: I have to defer to
- 15 Jeanne.
- 16 CHAIRWOMAN SPIELER: Is it okay? I
- 17 mean -- this is a very difficult situation for us.
- MS. POST: As a person who has no
- 19 financial -- I join with you, Emily. I'm one of the
- 20 few persons that doesn't. It makes a lot of sense.
- 21 The problem is it does make a lot of sense, so I would
- 22 like to see it, in some form or another, at least
- 23 suggested or whatever --
- 24 CHAIRWOMAN SPIELER: Okay.
- 25 MS. POST: -- without saying that --

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1 CHAIRWOMAN SPIELER: For those of us who
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- 2 have no financial interest --
- 3 DR. WAGNER: Could we identify those
- 4 without financial interests so we can --
- 5 CHAIRWOMAN SPIELER: Gregory Wagner,
- 6 Ricky Blea, John Burton, Glenn Shor, Iris Post, Vikki
- 7 Hatfield, and myself. That is actually enough. I
- 8 miscounted. Then the motion is on the table.
- 9 MS. KIMPAN: Madam Chair, there is a
- 10 document that I think even those with need to divest
- 11 themselves from this part of the discussion, in the
- 12 claims procedures documents, that the Office of Worker
- 13 Advocacy has put forth thus far which are, indeed,
- 14 subject to change and revision, we do, indeed, say that
- is those programs in all of the ways that Dr. Markowitz
- described them that ought to do this work.
- 17 So we are hearing this message and I
- 18 believe have heard it before this, and you have OWA's
- 19 attention on the need for it.
- 20 CHAIRWOMAN SPIELER: The problem is,
- 21 procedurally, we have a motion --
- DR. MARKOWITZ: I have a procedural
- 23 question.
- 24 CHAIRWOMAN SPIELER: Yeah.
- DR. MARKOWITZ: If certain members are

1 ineligible to vote by view of conflict of interest, the

- 2 remainder of the committee becomes the quorum.
- 3 CHAIRWOMAN SPIELER: Right. We have a
- 4 motion. It's -- it appears to be, as Kate Kimpan has
- 5 just told us, consistent with policy. In order to move
- 6 this meeting forward, I'm going to call the motion.
- 7 All those in favor of the motion of
- 8 having Former Worker programs perform this work and be
- 9 paid for it, say aye. Opposed?
- 10 Okay. The motion, again, carries
- 11 unanimously by those members not conflicted on the
- issue who were voting.
- 13 Are there other issues that need to be
- 14 considered by the full committee for the claims
- 15 processing?
- MR. ELISBURG: I'd like to -- to defer
- 17 to my co-chair. I said I would after we took care of
- 18 this, pass on to anything else that they feel they want
- 19 to raise. I don't think we came forward with a whole
- 20 series of motions, but I think we have expressed
- 21 concerns that this committee has already expressed to
- the management.
- MS. HATFIELD: And Don is right. We
- talked about a lot of things for two hours and a lot of
- 25 those things, we've already talked about in full

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1 committee. We talked a lot about worker's comp and
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- 2 flow and how that's going to go. I think we have
- 3 addressed a lot of those concerns and would hope that
- 4 the Advocacy Office is going to move forward with that
- 5 in an expedient manner and not put it on hold for a lot
- 6 longer.
- 7 We also had some concerns about the flow
- 8 of paperwork, which we've already talked about, again,
- 9 in full committee. We've talked about how the flow was
- 10 going and about recontacting the workers so many times.
- 11 We had a concern with that.
- 12 And I think we are trying to address it.
- 13 And those were our major concerns yesterday.
- Jeanne, do you have anything you want to
- 15 add?
- MS. CISCO: I think we've covered it.
- DR. WAGNER: One of the questions that
- 18 came up in one of the other subcommittees that I was in
- 19 had to do with an OWA apparent operational decision not
- 20 to use computerized records. And as I hear you and --
- 21 and some others talking about concerns about having
- 22 individual workers contacted many times, potentially,
- 23 to get duplicative information, did your group talk
- 24 about the potential value of having a single
- 25 computerized record that would be transferred among the

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agencies efficiently in order to kind of expedite the
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- process and avoid duplication of effort?
- 3 MR. ELISBURG: I don't think we did. We
- 4 would have loved to have had the opportunity.
- 5 MS. HATFIELD: It was our understanding
- 6 that the -- that these things are not tied together.
- 7 And so I'm not sure how that would -- are they tied --
- 8 I mean, the paperwork flow is not --
- 9 MS. KIMPAN: There is -- there are
- 10 computer interfaces that DOE will own that will have
- 11 every aspect of a claims tracking process. DOE will
- 12 own those, the DOE claimants. DOL has a similar
- 13 computerized process.
- DR. WAGNER: I'm not talking about the
- 15 claims tracking process.
- MS. KIMPAN: The entire claims process.
- 17 DR. WAGNER: I'm not talking about the
- 18 entire claims process.
- MS. KIMPAN: Okay.
- DR. WAGNER: What I'm talking about is
- 21 the ability to transfer scanned records. The actual
- data on exposures, employment histories, medical
- 23 records that may be of relevance to more than one
- 24 program and may be of relevance to the, for example,
- 25 people in Washington who I now find out are the case

1 managers and people in the field who may be, you know,

- 2 gathering and transmitting information.
- 3
  I'm concerned, as somebody who deals
- 4 with a lot of paper records, about the overwhelmingly
- 5 burdensome task of both developing, cataloging,
- 6 storing, shipping, receiving, and tracking the
- 7 fundamental records themselves.
- 8 I mean, clearly, you know, you've got a
- 9 checklist that says this is the flow. This is where we
- 10 are in the flow. That's the simple part. But trying
- 11 to ensure that people have timely access to all
- 12 relevant medical and exposure and employment
- 13 information in multiple claims that may be being
- 14 pursued concurrently, I think would be an important
- 15 thing to consider.
- MS. HATFIELD: I appreciate your
- 17 bringing that forward, and I think that is a really
- 18 good idea. I think it can save some time.
- 19 MR. ELISBURG: Does that need to be a
- 20 motion?
- 21 DR. WAGNER: I don't think so. I mean,
- 22 I think that we should suggest this as being an idea
- 23 that the department should consider in trying to work
- 24 with DOL and develop an efficient process.
- 25 Again, this is under the general

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1 assistance issue. You assist people by making their
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- 2 claims pursued timely without bothering them, you know,
- 3 multiple times to get the same information.
- 4 CHAIRWOMAN SPIELER: Yeah. I think, you
- 5 know, a dozen years ago, when I headed a State
- 6 compensation program and this current scanning
- 7 technology was unavailable, there were huge problems
- 8 with data sharing. And now that we have this
- 9 technology and it isn't that expensive, it does seem to
- 10 me that -- that scanned documents that can be shared
- 11 among HHS, DOL, and OWA on claims that are relevant --
- 12 it seems like that would make sense.
- 13 And that may require some additional
- 14 form at the front end from the claimant to allow -- to
- 15 overcome any confidentiality concerns where there are
- 16 multiple claims filed.
- 17 So in order to actually make this
- happen, you would not only have to set up the system,
- 19 but also figure out how to get authorization from the
- 20 claimant to do it. And it does seem like it would make
- 21 a lot of sense.
- 22 DR. WAGNER: There would also clearly
- 23 need to be communication, coordination among the
- 24 agencies that are involved which we've previously urged
- and continue to urge. And also, probably an upfront

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1 allocation of resources to make sure that the
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- 2 technology was available and that it was consistent
- 3 among the agencies to scan in relevant records.
- 4 CHAIRWOMAN SPIELER: I think that the
- 5 minutes should reflect that there are many heads going
- 6 up and down in this room and that there's clearly a
- 7 feeling on this committee that this is an idea that
- 8 should be pursued.
- 9 MS. POST: I guess I would say, Emily,
- 10 in conjunction with my agency looking at scanning
- 11 versus going direct data input, there are a lot of
- 12 problems with scanning. There is some -- lots of
- 13 limitations about the numbers and kinds of documents
- 14 you can scan, availability of scanning.
- 15 I'm not sure it's a very good solution
- 16 to this particular problem, and so I guess I want to
- 17 note for the record that I'm not exactly a strong
- 18 proponent of that particular technology.
- 19 I think there's other technology that
- 20 might be able to assist with some of this. I'm not
- 21 sure that this is the answer.
- 22 DR. WAGNER: Yeah. Maybe "scanning" was
- 23 too specific and what it is is the committing to
- 24 electronic and sharing of records among the different
- 25 programs and agencies developing the means to do that

1 as the goal and letting the specific technological fix

- 2 be one that the department explores.
- 3 MR. BURTON: I think there was a
- 4 discussion we had this morning with Steve Cary about
- 5 the question of forms. If you're going to share
- 6 information, it makes a whole lot of sense to have
- 7 identical questions being asked, being used by both
- 8 tracks of this thing because if you share it, but it
- 9 doesn't quite fit what you need anyhow, you're still
- 10 going to have to go back and ask a person. So I think
- 11 that's kind of a prerequisite of sharing, some very
- 12 close coordination of what both sides are asking for.
- 13 DR. WAGNER: I think at the end of the
- 14 day, there are certain fundamental things that need to
- 15 be known: Where have you worked and when, what have
- 16 your exposures been and what kind of health outcomes do
- 17 you feel that you have as a result of those. In common
- 18 to all --
- MR. BURTON: There's probably 50
- 20 different ways to ask each of those questions, and I
- 21 think we want to get it done one way.
- 22 DR. WAGNER: Yeah. And I also think
- 23 that the issue is the -- not the questions, but the
- 24 answers need to be both relevant to all agencies and
- 25 shared among them.

MR. ELISBURG: Can we move to another

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topic?
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                     On the issue of claims processing, there
      is one matter that came up a couple times yesterday and
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 5
      then I saw it again this morning, and I don't know if
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      you were going to raise it elsewhere. I thought we
 7
      were going to raise it with Pete, but Pete's not
 8
      around. And that is the Department of Labor, in asking
      for additional information from claimants, is sending
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10
      out some relatively Draconian letters to claimants,
11
      putting them on 30-day time tables and so forth which
12
     give the impression that if this information isn't in
      within 30 days, all is lost. And they may be asking
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14
      for information that in no way is ever going to be
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      obtainable in 30 days.
16
                     And I think we should go on record in
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      some fashion with the Department of Labor, suggesting
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      that they chill out a little bit on their letters and
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      perhaps make them a bit more user friendly and time
      sensitive, understanding that, certainly, at the
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24 CHAIRWOMAN SPIELER: Jeanne?

really user friendly.

MS. CISCO: There again, you know, the

beginning of this program, sending letters like out to

people who have waited 25 years to do something is not

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1 letters that are coming back are asking for specific
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- 2 medical information. They have medical releases. I
- 3 think they should be getting that information for the
- 4 claimant. That would, you know --
- 5 CHAIRWOMAN SPIELER: Actually, the
- 6 example that I've been shown actually suggests that
- 7 they may also be asking for additional medical testing.
- 8 You had this test that's relevant to chronic beryllium
- 9 disease but not that one. We want a result from that
- other one within 30 days, which does seem like a fairly
- 11 preposterous request, since, then, an appointment has
- 12 to be made with a physician.
- 13 I would suggest that this committee do
- 14 what Don has suggested and urge the Department of Labor
- 15 to change their correspondence which is not driven at
- 16 all by any legal requirements that I can find in either
- 17 the statute or their rules, and that we ask the OWA --
- 18 specifically in view of Pete Turcic's failure to come
- 19 to this meeting, either telephonically or otherwise,
- that we ask OWA to communicate our concern with regard
- 21 to these time limits to the Department of Labor and our
- 22 request that the letters be reconsidered and redrafted.
- 23 Is that --
- MR. ELISBURG: I think Ricky had another
- 25 addition he wanted to make.

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1 MR. BLEA: The addition I wanted to
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- 2 consider is we heard last night from various speakers
- 3 that when they left the Resource Center, they had no
- 4 idea what they signed or what they did. What I would
- 5 like to see -- or we would like to see is when they
- 6 leave the Resource Center, that they have a piece of
- 7 paper saying that you signed for Federal, you signed
- 8 for the State worker's comp, you did this, this, and
- 9 this like a checklist.
- 10 I understand they are giving them a copy
- of everything they did, but everybody who spoke last
- 12 night said I don't know, I just signed the papers and
- 13 that's it. One gentleman even said that he had sent
- 14 various copies to Washington, D.C. to various agencies,
- 15 which I think is going to make the situation more
- 16 complex.
- But if each claimant had a piece of
- 18 paper with a checklist saying this is what you did here
- 19 today, then they would know what they -- exactly what
- 20 they did and where their information was going.
- 21 I don't know -- I'm not trying to create
- 22 more paperwork, but the claimant should -- should know
- 23 what they signed and what's happening to them and what
- 24 they did. Maybe there's something that they should
- 25 have done that they didn't do by looking at the

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1 checklist.
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- 2 CHAIRWOMAN SPIELER: Kathryn.
- 3 DR. MUELLER: On the same vein, I think
- 4 it's really important that there's a better
- 5 understanding at the office and of the claimants about
- 6 State worker's comp issues since, obviously, these
- 7 people think that they, in fact, have filed a claim
- 8 with the State, which, of course, has not happened at
- 9 all. So it needs to be expressed to them that no, the
- only thing you have done is, you know, applied for a
- 11 physician panel decision and then we'll let you know
- 12 about applying for a State comp claim, since they are
- 13 under this impression that they filed a State worker's
- 14 comp claim, which they haven't. That really needs to
- 15 be clarified.
- 16 MR. ELISBURG: That's our subcommittee.
- 17 CHAIRWOMAN SPIELER: I would just add
- one other thing to that, actually, which is that I
- 19 think it would be useful for both DOL and OWA to send a
- 20 postcard out to people: We've set up your claim file,
- 21 it's been received in Washington, here's the number we
- 22 have it filed under.
- You know, just because it was clear,
- 24 also, from the people who spoke last night that they
- 25 didn't -- it sort of went into a black hole, from their

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1 point of view, and a lot of programs send those kinds
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- of postcards out. And I think it would be really
- 3 reassuring to a population that's pretty on edge if
- 4 they just got acknowledgment, yes, we have a file, it's
- 5 filed under this number and this name, and we're
- 6 working on it.
- 7 DR. WAGNER: In addition, again, with
- 8 claims management being a D.C. function, until it's a
- 9 field function, I think putting a name and a contact
- 10 number or in some other way identifying a human being
- 11 responsible for the management of a claim would be
- 12 critical to provide this human assistance link.
- MR. BURTON: I thought that was Kate
- 14 Kimpan's --
- DR. WAGNER: There you go.
- MR. BODEN: This is Kate's home number.
- 17 DR. WAGNER: But, I mean, I think doing
- that would also be a motivator to give reasonable
- 19 feedback that says, you know, along with Ricky's
- 20 checklist, this is what you filed, this is what you
- 21 haven't, along with -- with Kathryn's suggestion, you
- 22 haven't yet filed a State claim. You can expect to
- 23 hear from, you know -- to get a number for your file
- 24 within ten days. You can expect to get requests for
- 25 additional information within 30 days or whatever.

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1 But there can be some framing so that
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- people don't feel that they are going to hear something
- 3 tomorrow, but that they do have a reasonable idea about
- 4 when somebody is going to get back to them and get back
- 5 to them in what way.
- 6 MR. ELLENBERGER: Can we make sure that
- 7 OWA convey this recommendation to DOL?
- 8 CHAIRWOMAN SPIELER: Yeah. I think this
- 9 is meant as both a recommendation with regard to the
- 10 OWA setting up a claims file and also with regard to
- 11 DOL and so we would ask that that be added to the
- 12 communication from OWA to DOL on our behalf with regard
- 13 to the communication back to people in the field.
- MS. KIMPAN: By virtue of a response
- from DOE or OWA on this, the Office of Advocacy does
- 16 contemplate such correspondence once a claim file is
- 17 begun and we are at the early stages of beginning to
- assemble those. We absolutely, per Kathryn's
- 19 suggestion, will be communicating with people. Per the
- 20 concerns that people are getting varied information in
- 21 one place or, certainly, around the country, we are, at
- 22 headquarters, working hard and we have people in the
- 23 field to centralize and make similar those messages.
- 24 And we will conduct again tomorrow a multi-hour call
- 25 with all the Resource Centers, saying, again, no one

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1 that you have spoken to today is filing for worker's
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- 2 compensation. They are filing either to go to DOL for
- 3 claim consideration or to come before a doctor panel
- 4 for other toxic illnesses.
- 5 So we are very consistent from
- 6 headquarters in that message and the Resource Centers
- 7 are working hard, certainly, in their personal reports
- 8 with us to convey a very concise message. I think we
- 9 have a lot of evidence to suggest that isn't happening
- 10 yet and we're working hard.
- 11 We conduct weekly calls with every
- 12 Resource Center on the line that, last week, went for
- 13 three and a half hours. I made that point individually
- 14 for centers around the country, yet there is still
- 15 confusion.
- 16 So -- I think we're aware of the
- 17 confusion based on the calls we're getting and we're
- 18 working from the DOE end, at least, to clarify the
- 19 message of the Resource Centers and we will take
- 20 whatever messages you want to DOL in tomorrow morning's
- 21 interagency call.
- 22 CHAIRWOMAN SPIELER: Wonderful. I have
- 23 to say, I think confusion is inevitable at this point
- 24 and it may be inevitable in the long run. From my
- 25 experience in the black lung program, people still

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1 can't distinguish between their State and Federal
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- 2 claims and the program has been in place for well over
- 3 20 years, so, you know, I think you do the best you
- 4 can, but feedback is important. And I think that's the
- 5 essential message that this committee wants to convey.
- 6 Anything else with regard to claims
- 7 filing processing and so on?
- 8 Iris? State relations.
- 9 MS. POST: Okay. This will be a short
- 10 report so we can get back maybe on schedule or we'll
- 11 have -- primarily, the meeting yesterday concerned that
- 12 memoranda of understanding. There has been a change
- 13 recently in the Office of Worker Advocacy about the
- 14 MOU.
- 15 Kate Kimpan had been working with states
- 16 getting their agreement to the initial draft that had
- 17 been forwarded to all State administrators. It was
- 18 very general. Pursuant to recent instructions, she and
- others in the office have been told to put a hold on
- 20 any further actions or interrelationships with State
- 21 agencies on the assigning of those MOU's that are
- 22 currently outstanding to the various states.
- 23 Currently, the Office of Worker Advocacy
- 24 has been working with DOL and others in development,
- 25 writing of new rules on MOU's and what those need to

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1 say. Apparently, those should be coming out in the
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- 2 next week or two for comment, for a 30-day comment
- 3 period. Because the Act does not provide for any
- 4 statutory deadlines, DOE cannot go the route that DOL
- 5 has in issuing the interim final rules and accepting
- 6 comments as they go along and, basically, undertaking
- 7 business under those interim final rules.
- 8 DOL needs to make sure that they go
- 9 through the full-fledged rule-making process, which
- 10 will take some time.
- 11 Currently, until those rules are made
- 12 public pursuant to the Federal Register in the next
- 13 week or two, they cannot be made available to members
- of the subcommittee or the full committee.
- So, basically, the State agency
- 16 relations committee is kind of in a holding pattern
- 17 until we have access to those rules and then we can
- 18 formulate some comments, either on a state-by-state
- 19 basis as a full committee, as a subcommittee, or
- 20 whatever.
- 21 So time is going to be kind of the
- 22 essence that we all communicate with each other via
- e-mail as to any suggestions or comments that we could
- 24 make as a full committee on those MOU's and what we
- 25 think needs to happen to better facilitate the process

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1 set in place by the Act.
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- 2 CHAIRWOMAN SPIELER: I actually would
- 3 like to pass the chairpersonship to John Burton for a
- 4 moment because I would like to make a motion that has
- 5 not been considered by the subcommittee with regard to
- 6 State relations. Are you willing to --
- 7 MR. BURTON: I am prepared to accept
- 8 that responsibility. Is it time for lunch?
- 9 CHAIRWOMAN SPIELER: This is actually
- 10 as -- as a preamble to my motion, this is about my --
- 11 partly about the point I raised before about the
- interrelationships between the MOU's and the
- 13 functioning of the physician panels and the view that I
- 14 think most members of -- or maybe all members of
- 15 this -- all voting members of this committee share with
- 16 regard to the fact that we would like as many of these
- 17 claims that have an appearance of being meritorious to
- 18 get to the physician panels without excessive
- 19 roadblocks being placed before them.
- 20 And that we are very concerned about the
- 21 interrelationship between the State memorandum of
- 22 understanding and the -- getting the claims to the
- 23 physician panels.
- 24 And so I would like to make a motion
- 25 that we -- that the memorandum of understanding that

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1 are developed with the states be consistent with the
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- 2 language of the statute that says that these
- 3 memoranda -- these agreements are to provide assistance
- 4 to DOE contractor employees and that, in particular,
- 5 provisions of these memoranda of understanding not be
- 6 utilized to create any barriers that, based upon State
- 7 law or State compensability requirements, would stand
- 8 in the way of having these claims reviewed by the
- 9 physician panels. That's my motion.
- 10 MR. BURTON: All right. Since this is a
- 11 new motion, it would require a second.
- MR. BODEN: Second.
- 13 MR. BURTON: Second, Les. Discussion?
- 14 Apparently, your motion is very good or very bad.
- MR. BODEN: Or it's close to lunch.
- MS. POST: Whenever you say
- 17 compensability, you kind of open the door to lots and
- 18 lots of different interpretations, so I would just
- 19 like, for my own edification, maybe a definition or
- 20 clarification of what -- when you use that in terms of
- the motion, what do you mean?
- 22 CHAIRWOMAN SPIELER: Well, I'm talking
- 23 about any rules that States use to make determinations
- 24 about whether claims should enter a payment status.
- 25 That is, not how much they get paid, but whether they

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1 are legitimate claims within the -- within the State
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- 2 system.
- 3 And what I'm suggesting by the motion --
- 4 and if I didn't say it clearly, then somebody should
- 5 amend the motion, but what my intent is is that those
- 6 rules not be used as a barrier to getting physician
- 7 panel review of the claims. Any use of those rules
- 8 subsequent to that physician panel is not addressed by
- 9 this motion, and I'm not addressing the motion to the
- 10 MOU's with regard to the utilization of those rules at
- any later point, although I may have opinions about
- 12 that.
- 13 This is solely directed at whether or
- 14 not -- because of the specific language of the statute
- 15 that says if provided in an agreement -- in an
- agreement under Subsection A, that is the MOU's that
- 17 we've been discussing and if the Secretary determines
- 18 that the applicant submitted reasonable evidence under
- 19 Subsection B2, the Secretary shall submit the
- 20 application to a physicians' panel.
- 21 And what I'm suggesting is that I
- 22 personally would like to see a system where the MOU's
- 23 are not used in order to prevent the submission to the
- 24 physician panels. That's specifically what this is
- 25 addressed to. And so the issue of compensability is

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1 there are myriads of rules in every State about what
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- 2 claim can be paid under State law, what defenses can be
- 3 raised to a claim under State law and how those
- 4 defenses should be reviewed once they are raised.
- 5 What I'm suggesting is that shouldn't be
- 6 the subject of whether a claim that's filed with OWA
- 7 gets to a physician panel.
- 8 MR. BURTON: Just so I understand,
- 9 you're not suggesting -- well, would it be appropriate,
- in your view, that MOU's would deal with procedures
- after a physician panel has made their decisions?
- 12 You're not moving that?
- 13 CHAIRWOMAN SPIELER: I'm not addressing
- 14 that in this motion.
- MR. BURTON: Fine.
- 16 CHAIRWOMAN SPIELER: All I'm saying is
- 17 that they shouldn't trigger a barrier to getting to
- 18 physician panels. That's a separate and, I think,
- 19 complex conversation.
- 20 MR. BURTON: Just so we understand what
- 21 we're voting on. All right. Other comments?
- 22 CHAIRWOMAN SPIELER: So let me -- just
- 23 to sort of clarify, my motion doesn't require a waiver
- of anything other than that it's not to be used at this
- 25 point in the processing of a claim.

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1 MR. BURTON: So that employers,
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- 2 carriers, or even States are not going to be required
- 3 to waive any --
- 4 CHAIRWOMAN SPIELER: Not based on this
- 5 motion.
- 6 MR. BURTON: Not based on this motion.
- 7 But those objections would take place, presumably,
- 8 after the physician panel has made its decision.
- 9 Other comments, questions? All right.
- 10 All in favor signify by saying aye. Opposed?
- 11 Madam Chair, I return the
- 12 responsibilities to you.
- 13 CHAIRWOMAN SPIELER: Okay. Thank you.
- 14 Is there anything further from the State relations
- 15 subcommittee?
- MS. POST: Not from me.
- 17 CHAIRWOMAN SPIELER: Okay.
- MS. POST: Unless Kate has a comment.
- 19 CHAIRWOMAN SPIELER: Contractor
- 20 subcommittee.
- 21 MR. BURTON: Okay. Let me give a brief
- 22 report on our meeting status yesterday and this will
- lead up to a motion that we're going to ask you to
- endorse.
- The contractor insurer cooperation

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1 subcommittee has spent an amount of activity this
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- 2 spring trying to draft language for a pilot proposal
- 3 whereby we could get a current -- a contractor with a
- 4 current relationship with the Department of Energy to
- 5 start as of August 1 or earlier a program of -- of
- 6 paying benefits.
- 7 The decision was made by the procurement
- 8 office in the Department of Energy that they did not
- 9 want a pilot program. The rationale was that this was
- 10 conveyed in a phone conversation from Kate, to Emily
- and myself, that because there is a field notice in
- 12 place, 350.6, that a pilot program was not needed
- because there was guidance in place to handle the
- 14 payment of these claims.
- Now, our committee, obviously, accepted
- that decision, although I don't think we were
- 17 persuaded, necessarily, that the procurement office is
- 18 correct on this, that there isn't some value to a
- 19 pilot, but we've accepted that for the sake of our
- 20 discussions yesterday and then asked what other useful
- 21 contributions could our subcommittee make.
- One of the things we noted is that
- 23 350.6 primarily is of assistance in the case of a
- 24 contractor who has a current relationship with the
- 25 Department of Energy. And while there may be some

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1 problems with those employers, it's -- it's only a
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- 2 subset of the kind of employers, insurers that the
- 3 Department of Energy is going to have to deal with in
- 4 order to implement this program.
- 5 For example, there may be certain
- 6 circumstances where decisions are being made by third-
- 7 party administrators who are not technically the
- 8 immediate contractor.
- 9 There are subcontractors. And again,
- 10 there's an issue of how they will be affected by
- 11 efforts to pay these benefits.
- 12 There are former employers who are no
- 13 longer in existence and in some cases, the operator of
- 14 a current site may have some responsibilities for those
- 15 claims coming out of that site and other cases, there
- 16 may be no active employer at that site. And of course,
- 17 there are also insurers who have some concerns about
- 18 the operation of this program, how this will affect
- 19 experience ratings and how will they be -- will they be
- 20 liable -- if you direct a current contractor to make a
- 21 payment, how does that get sorted out through the
- 22 insurance mechanism.
- 23 So we kind of ultimately came to a -- a
- view that there's really a separation that needs to be
- $\,$  25  $\,$  made between currently responsible contractors for whom

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1 350.6 provides a fair amount of guidance and then these
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- 2 other kinds of arrangements, insurers, employers and so
- 3 on and that we are unclear about exactly what problems
- 4 the Department of Energy is going to face in dealing
- 5 with these other entities. And we've heard some
- 6 feedback, sort of on an anecdotal level, about
- 7 resistance or reluctance to cooperate, including some
- 8 from current responsible contractors.
- 9 We felt that we were at a stage where
- 10 there was a considerable value for some fact finding,
- 11 some gathering of additional information. And so what
- 12 our subcommittee has recommended and is bringing to
- 13 you, this committee, for endorsement is the convening
- of a hearing as soon as possible under, I guess, the
- 15 auspices of the subcommittee because the focus would be
- on this contractor and insurers community, to invite
- 17 comments from insurers, employers, and from other
- interested parties on the range of issues that I've
- just talked about and to help us resolve the
- 20 information that will be useful to the Department of
- 21 Energy and also helpful to our subcommittee and
- 22 ultimately the committee as a whole to formulate
- 23 recommendations.
- 24 We feel at the present time, we are just
- 25 too much -- there's too little solid information to

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1 really base these -- any kind of meaningful, useful
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- 2 recommendations on.
- 3 So our recommendation is that we convene
- 4 a hearing as soon as possible, which practically means
- 5 probably October, that we invite all types of
- 6 employers, current employers, former employers, TPA's,
- 7 insurers, to essentially come in and convey to us their
- 8 recommendations, their concerns about what's happening
- 9 or not happening, and then we would then use that
- 10 information to go forward as a subcommittee.
- 11 So that's -- Madam Chair, I present that
- 12 as a recommendation. We would ask that this committee
- 13 endorse the request to the Department of Energy that on
- our behalf, they convene as soon as possible a hearing
- 15 to be conducted by the subcommittee on behalf of the
- 16 committee, the expectation being any member of the
- 17 committee would be welcome to attend.
- 18 So that's the motion.
- 19 CHAIRWOMAN SPIELER: Discussion?
- 20 MR. ELISBURG: I think it's a great
- 21 idea.
- 22 CHAIRWOMAN SPIELER: Okay. It comes
- 23 moved and seconded. All those in favor? Opposed?
- I would ask that, given my own personal
- 25 situation, OWA work directly with John in trying to set

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1 this up and --
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- 2 MR. BURTON: I didn't make this part of
- 3 the motions, but I might also note we've had several
- 4 suggestions about possible locations from members of
- 5 our subcommittee and I think the general consensus was
- 6 probably not Washington, although there's some
- 7 advantages to that, but more likely a place that's
- 8 closer to where the contractors, subcontractors,
- 9 insurers are.
- 10 We've heard suggestions including
- 11 Denver, Salt Lake City, and Cincinnati. Obviously,
- 12 that's something that will need to be worked out. But
- 13 it -- the spirit of this is probably do this someplace
- 14 other than Washington.
- 15 CHAIRWOMAN SPIELER: One issue -- is
- 16 there anything further?
- MR. BURTON: I think that's it.
- 18 CHAIRWOMAN SPIELER: There was an issue
- 19 that came up this morning that I would like to re-raise
- 20 which -- because the Assistant Secretary kind of turned
- 21 back to the OWA staff on this and that was kind of a
- 22 concern to me, which is the question of ensuring that
- 23 there would be no contractual penalties that might
- 24 result from compliance with 350.6. That -- with regard
- 25 to, for example, any reporting of injuries, stuff that

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1 would result in loss of payments later on contracts. I
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- 2 would just like to ask -- and I think that the
- 3 subcommittee and the committee would join me in this --
- 4 that very serious work be done to ensure that there be
- 5 no penalties at all for contractors in their compliance
- 6 with 350.6 because it sounded to me, based on the
- 7 anecdotes we heard, that the resistance was, in part,
- 8 motivated by concerns about penalties that might be
- 9 incurred that were sort of as part of the contract, but
- 10 not as part of the notice and what would be -- will be
- 11 in order. Is that fair? Mark?
- 12 MR. OLSEN: I think so. It's easy to
- do. You just carve out payment of these types of
- 14 claims from counting against whatever metric the
- 15 contractor has for --
- 16 CHAIRWOMAN SPIELER: Okay. But it does
- 17 appear that it needs to be done. That -- and my --
- 18 what I took away from the Assistant Secretary is that
- 19 it has not yet been done and it needs to be done as the
- 20 flip side of the 350.6 in order to ensure compliance.
- 21 So I would ask on behalf of the committee that that --
- 22 that you sit down with procurement and figure out about
- 23 getting that done quickly before resistance to 350.6
- 24 solidifies.
- MS. KIMPAN: Is it appropriate for me to

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1 continue to deal with John on this issue since it was
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- brought in a prior acquisition letter?
- 3 CHAIRWOMAN SPIELER: Yes. Absolutely.
- 4 Is that okay?
- 5 MR. BURTON: That's fine.
- 6 CHAIRWOMAN SPIELER: And well, it is
- 7 noon, but I would suggest that with the committee's
- 8 forbearance, we go directly to the performance
- 9 evaluation, which I believe will be brief.
- 10 MR. BODEN: Considering the important
- 11 event to follow, yes.
- 12 We had, I think, quite a productive
- 13 subcommittee meeting yesterday. Particularly so
- 14 because Vern McDougal was kind enough to attend the
- 15 meeting. Vern is one of the contractors working with
- 16 DOE to develop their tracking of information system
- which would be basically the bedrock of any performance
- 18 evaluation system, and I might add also would be --
- would probably be necessary for the physician panel
- 20 quality assistance that -- that Steve Markowitz talked
- 21 about this morning.
- 22 Let me just really mention two things:
- One is that we agreed that Mr. McDougal and our
- 24 subcommittee would be in contact and would share in
- 25 ideas in the development of this tracking system with

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1 the idea that the tracking system would have, as one of
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- 2 its major functions, providing data for performance
- 3 evaluation of the program as a whole and also
- 4 potentially for the -- specifically for the physician
- 5 panel quality assurance part of the program.
- 6 Let me also add that the actual
- 7 development of a specific system is dependent on the
- 8 finalization of the procedures that are going to be
- 9 used by OWA. So that, really, either an initial system
- 10 has to be developed with considerable flexibility to
- 11 take into account any developments or changes in either
- 12 the physician panels or other parts of the claim
- 13 processing system or it will have to await the final
- 14 development of that system.
- 15 Certainly, my sense is that an initial
- 16 system should be developed, but that there has to be
- 17 some flexibility built in to accommodate changes that
- 18 are going to be occurring over the next several months
- in how the overall system will be handled.
- That's pretty much it.
- 21 CHAIRWOMAN SPIELER: Is there anything
- from the subcommittee that needs the action of the full
- 23 committee, do you think, at this time?
- MR. BODEN: No.
- 25 CHAIRWOMAN SPIELER: Okay.

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DR. WAGNER: The -- this is not action,
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- 2 but I think that the one issue that we did focus on was
- 3 that each claim, each person who comes into the office
- 4 that there is a resolution to their contact with the
- office and that this resolution should be considered
- 6 and explicitly recorded what the resolution is and when
- 7 and where it occurs.
- 8 MR. BODEN: Yeah. Essentially, we need
- 9 to develop a process that tracks people from the moment
- 10 they first make contact with the intake office until
- 11 the final resolution of their claim or rejection, if
- 12 there is rejection somewhere along the way. And the
- 13 reasons for -- the things that happen along the way
- 14 have to be specified.
- 15 For example, we -- we talked this
- 16 morning about the issue of whether a case would --
- 17 where there was a request from a physician panel would
- 18 be sent to the panel. Well, if it wasn't sent, there
- 19 ought to be something in the tracking system that gives
- 20 a reason. Was it because the person didn't want to
- 21 file a claim, had they already filed a claim and were
- 22 they receiving benefits or, you know, what was the
- 23 reason?
- 24 So those -- those kinds of lists would
- 25 have to be built into a system and, indeed, I think the

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1 ideal way to do that is to start off with a list of
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- 2 boxes, leave some text, and then add boxes as you learn
- 3 about the different ways that the -- that the outcomes
- 4 get handled.
- 5 CHAIRWOMAN SPIELER: Further discussion?
- 6 Okay. Let me just say, our schedule calls for lunch
- 7 now, followed by a couple of items. A discussion of
- 8 our communication of our concerns to the Department of
- 9 Energy, including to the Secretary, which would be in
- 10 part a discussion of the draft letter that I circulated
- 11 to committee members last night. I'm thinking that
- some of that needs to be rewritten in light of today's
- 13 conversation and so I'm -- which I'm clearly not going
- 14 to get done between now and 1:00.
- 15 And so -- but there are some very
- 16 specific issues of concern that were raised in comments
- 17 that I received, and I would like to discuss those as a
- 18 committee before I undertake the redrafting which I
- 19 will do on the plane on my way home today so that you
- 20 can have it in your e-mail tonight by midnight Eastern
- 21 time. And I -- so we will be discussing those issues
- 22 this afternoon, but not with a draft in front of us.
- 23 Second, we have a public comment period
- 24 and I would like to know, of the people in the room,
- 25 are there people who would like to address the

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1 committee this afternoon? This is not a commitment or
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- 2 anything. I'm just trying to do a time. Okay. Anyone
- 3 else? No problem. Okay.
- 4 And future planning for the committee.
- 5 Those are the items that are the agenda. We have
- 6 until, I would say -- it sounds like 2:30 when the
- 7 first critical members of our committee are going to
- 8 start walking out the door. Jeanne, I know, will be
- 9 leaving now and you'll get the draft by e-mail in terms
- of any issues that may be of concern to you.
- 11 How long do we need this afternoon, do
- 12 you think? Can we -- can we reconvene at 1 and finish
- by 2:30, do you think, or should we reconvene earlier?
- MR. BODEN: How about 12:45?
- 15 CHAIRWOMAN SPIELER: So it's now, I
- 16 think, five after, approximately.
- DR. MARKOWITZ: I would also like to
- 18 spend five minutes talking about the success of having
- 19 a meeting here in Denver.
- 20 CHAIRWOMAN SPIELER: Okay. I think -- I
- 21 assumed that that would be a component of the future
- 22 where and when conversation.
- MR. BODEN: Can I just ask one favor?
- 24 The 12:45, usually 12:45 means 5 to 1. So just a
- 25 request, let's all really try to be back here and start

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1 working at 12:45.
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- 2 CHAIRWOMAN SPIELER: Yeah.
- 3 (There was a recess taken from 12:03
- 4 p.m. to 12:50 p.m.)
- 5 CHAIRWOMAN SPIELER: I will call this
- 6 meeting back to order.
- 7 Okay. Based upon Les's -- based on
- 8 Les's request that we get going as soon as -- as close
- 9 as possible to 12:45, but we didn't quite make 12:45 --
- 10 MR. BODEN: It was excellent.
- 11 CHAIRWOMAN SPIELER: Okay. Here's what
- 12 I have on our agenda for the next little bit over an
- 13 hour and a half that we have the meeting with all of
- 14 our members here.
- 15 First of all, discussion of
- 16 communication to the department in addition to the
- 17 recommendations that we've made as part of our meeting.
- 18 Second of all, a discussion about
- 19 follow-up to this meeting and I have this -- and other
- 20 things that are going to come up in the interim period
- 21 before any subsequent full committee meeting. And I
- 22 have on that -- that list at this point amending and
- 23 finalizing the minutes from our past meetings, possibly
- 24 giving to OWA a list of information that we would like
- 25 provided to us on a regular basis and what that would

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1 be, commenting on the DOE rules that would be
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- 2 forthcoming on physician panels and possibly testifying
- 3 at the public hearing on those, the contractor insurer
- 4 request for public hearing and then where and when this
- 5 committee should meet again.
- 6 So that's a fairly lengthy list in and
- 7 of itself. We have our public comment period, as well,
- 8 this afternoon. Is there anything else?
- 9 Let me start this off with just a
- 10 discussion, at our last meeting, we agreed that we
- 11 would try to submit directly to the Secretary some of
- 12 our concerns and recommendations with regard to this
- 13 program and I think in the July 20th conference call, I
- 14 said that I would try to draft a letter that would come
- 15 from this committee to the Secretary, and, in fact, Don
- 16 got me started on that by starting a draft of that
- 17 letter. And you all saw the current draft as of
- 18 yesterday -- yesterday of that letter last night.
- 19 In view of this morning's discussions,
- 20 it seems like some of it would need to be rewritten and
- 21 I, therefore, did not feel it appropriate to bring it
- 22 in its current form to the meeting right now, but I
- 23 have several issues that came up in the comments that I
- 24 received from people that I would like committee input
- 25 on.

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1 And let me tell you now and let me tell
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- 2 you why. As you know, I'll be leaving the country on
- 3 Sunday, hopefully for several months unless somebody
- 4 drags me back to the States. And I would like to have
- 5 this letter in the mail to the Secretary before I
- 6 leave, which creates a fairly -- or, should I say, an
- 7 extremely tight time frame. So it's my intention,
- 8 since I have a draft of this letter on my personal
- 9 computer, to, based upon our discussion -- the
- 10 discussion that we have now, rewrite the letter and
- 11 send it out to the members of this committee as soon as
- 12 I get home tonight, which will be about midnight. And
- 13 what I -- and I can do one more round on this on
- 14 Friday.
- So what I would ask is that you all read
- it tomorrow and get any concerns or comments back to me
- immediately. But before I do that, let me just say
- 18 that there is -- there were essentially -- there were a
- 19 number of comments that essentially reflected the
- 20 consensus on various issues that we had this morning.
- 21 And I don't think I need to address those during the
- 22 meeting time.
- There is significant disagreement on --
- 24 in the committee as to whether we should include the
- 25 section on commenting on the DOL rules. And the

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1 committee is very split on that, so I think we need to
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- 2 resolve that.
- In addition, Mark has some serious
- 4 concerns about some of the other components of what
- 5 we've been talking about, in particular with regard to
- 6 the operation of the physician panel under uniform
- 7 standards and the suggestion that defenses would be
- 8 waived in cases, and I think we need to decide how we
- 9 want to deal with that and with Mark's disagreements on
- 10 that issue.
- 11 And finally, I would like to add to the
- 12 letter some of the additional recommendations that we
- 13 agreed on this morning with regard to State MOU's and
- 14 refine the discussion of the physician panel standard
- 15 based upon the motion that was passed this morning.
- So, first, should we be commenting on
- 17 the DOL rules at all in this letter, I think, is the
- 18 question that there's disagreement on the committee
- 19 about. And I'd like to hear from people pro and con.
- 20 MR. BODEN: I'll just start off with a
- 21 simple con, although I don't know how strongly I feel
- 22 about this. The con is that this is a letter to the
- 23 Secretary of Energy and not to the Secretary of Labor.
- 24 And as such, I'm not sure that this is an appropriate
- 25 place to vent such concerns.

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1 CHAIRWOMAN SPIELER: Don and Jim, I
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- 2 think, are the strongest proponents of its inclusion
- 3 and so I think we should probably hear from them.
- 4 MR. ELLENBERGER: Let me start out by
- 5 saying, yes, the interim final rule was issued by the
- 6 Department of Labor and comments were to be submitted
- 7 to the Department of Labor, which some of the people in
- 8 this room have already done through their
- 9 organizations. I don't think it would be appropriate
- 10 for this committee to send comments to the Department
- of Labor. It wouldn't be timely, No. 1.
- No. 2, we are an advisory committee to
- 13 the Office of Worker Advocacy at the Department of
- 14 Energy. But having said that, the program exists
- because of actions undertaken on behalf of the energy
- department or its predecessors. And it is a program to
- 17 compensate employees of contractors or others of DOE.
- 18 And so there is an interest, I think, quite properly,
- 19 that falls under the pursue of this committee in terms
- of -- of whether or not we -- we want to comment on the
- 21 rules as -- as issued by the Department of Labor.
- 22 And I think it's appropriate to do so in
- 23 the context that Emily has drafted. Making comments to
- 24 the Secretary of Energy, saying that we have feelings
- 25 about certain important issues in the Department of

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1 Labor's administration of their portion of this
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- 2 program, and then state them in a very succinct and
- 3 abbreviated fashion, which I think was done.
- I guess the bottom line is that it's --
- 5 it's appropriate for us to indicate to the Department
- of Energy our viewpoints on any aspect of the Energy
- 7 Employees Occupational Illness Compensation Program and
- 8 clearly, the Department of Labor's regulations fall
- 9 within that.
- 10 MR. ELISBURG: I would say that in the
- 11 end, these are very interrelated programs. And that
- 12 the Department of Labor is a -- going to be
- 13 adjudicating claims of employees who were employed by
- 14 contractors working for the Secretary of Energy. But
- these really are Energy Department people.
- 16 If it were not appropriate for the
- 17 Secretary of Energy by himself to comment on this kind
- 18 of procedure -- that is, if he should be keeping hands
- 19 off of what the -- the Department of Labor is doing
- 20 with the program, then I might say as an advisory
- 21 committee to the Secretary of Energy, we should stay
- 22 away from it. But in point of fact, he not only has
- 23 the opportunity to be involved in what the DOL's final
- 24 regulations are, I have every assumption that the
- 25 entire administration is going to be reviewing what

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1 those final rules are through OMB or passing it around
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- 2 to the agencies, so he, as the Secretary of Energy,
- 3 will have an appropriate opportunity to have input into
- 4 some of those -- many of those issues.
- 5 Therefore, as an advisory committee to
- 6 the Secretary of Energy, I think it's very reasonable
- 7 to say, Look, there are some problems here that involve
- 8 your constituency and your -- your workers that,
- 9 really, you ought to be addressing in terms of how the
- 10 Department of Labor is administering the program.
- Now, I think the comments we've
- 12 suggested are -- are relatively mild, but they go to
- the heart of a number of issues that were being
- 14 discussed here in terms of procedural due process, in
- 15 terms of making sure that claimants, in fact, have what
- 16 they need to proceed and a lot of concern that -- that
- there not be artificial time limits that screw up
- 18 somebody under changed circumstances.
- That's my take on it.
- 20 CHAIRWOMAN SPIELER: Greg?
- 21 DR. WAGNER: Don, I hear what you're
- 22 saying. I also, on the other hand, am concerned about
- 23 muddying the waters and casting our nets so broadly
- that we dilute the importance of any of the other
- 25 issues that we raised that are much more within the

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1 control and purview of the Secretary.
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- 2 Basically, if I were the Secretary and
- 3 got an advisory committee telling me what they think
- 4 about a Department of Labor set of rules, I'd say,
- 5 Well, you know, what do you want me to do about it?
- 6 And it would, in some ways, I think, discount the
- 7 importance of the other communications that we wish to
- 8 have.
- 9 I think there are other routes and that,
- 10 as you suggest, when these rules are going to turned
- 11 from whatever they are -- temporary interim emergency
- 12 regs into permanent ones, I do hope that they are
- 13 circulated among the different departments that have
- 14 interest and that the staff in the Office of Worker
- 15 Advocacy is going to be involved in their review and
- 16 comment.
- 17 That's what I would expect would happen
- 18 and I think they have heard our concerns about this.
- 19 So I really -- in order to not dilute out the value of
- 20 our recommendations on things specifically within the
- 21 control of the office of the Secretary, I would pretty
- 22 strongly suggest that we not broaden our discussion of
- 23 other inadequacies that we see.
- 24 CHAIRWOMAN SPIELER: Ricky?
- MR. BLEA: I have to agree with what Don

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1 and James have said. And even though maybe the
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- 2 Secretary would say, Well, what am I supposed to do, at
- 3 least he's informed of what we're thinking as a
- 4 committee. If, later on, an issue that we addressed
- 5 comes up to be a vocal point or point of argument
- 6 between DOE, let's say, and the Department of Labor,
- 7 he's already well aware that we have made a decision
- 8 saying, you know, there's a problem. This is how we
- 9 feel.
- 10 So I feel even if there's nothing that
- 11 the Secretary can do about it or his attitude would be,
- 12 What do you want me to do about it, he's still informed
- 13 of how the committee feels and we bring what we feel is
- 14 a problem to his attention. So I still say we need to
- 15 go forward with it.
- 16 CHAIRWOMAN SPIELER: Glenn.
- MR. SHOR: I feel pretty strongly that
- 18 we should also send the comments with some possible
- changes in the way that we word the comments to say
- 20 that this is being given as trying to help the
- 21 Secretary understand our concerns about this -- what's
- 22 going on without maybe -- I'm thinking of just this one
- 23 sentence of, We hope you will undertake to seek
- 24 correction, that we somehow take that out and say these
- 25 are our concerns. We know you will work with them as

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1 you may.
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- 2 But I think our role of advisor to the
- 3 Secretary is a role that is -- that we've taken fairly
- 4 broadly and that this is advice that we should be
- 5 giving if we have a concern about one area of the
- 6 overall program.
- 7 CHAIRWOMAN SPIELER: Steve?
- DR. MARKOWITZ: I'm trying to make a
- 9 point. In fact, in our charter, it says our first
- 10 activity is to provide advice on worker's compensation
- 11 policy issues of concern to the Department of Energy.
- 12 And this clearly falls within that, so I think we're
- 13 obligated, if we have strongly held views about this,
- 14 to express them in this letter.
- MR. BURTON: I hardly ever agree with
- 16 Greg, but I -- it's a close call. I think it's really
- 17 a strategic question. I think our letter is one that's
- 18 going to annoy the Secretary of the Department of
- 19 Energy. It ought to annoy him because we're saying
- 20 some pretty critical things.
- 21 I don't want to give him an excuse to
- 22 write it off as people who are overreaching. And I
- 23 think this getting -- whether it's within our scope or
- 24 not, I think it gives him a reason to say, Oh, those
- 25 guys -- I knew they were off base and this just

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1 confirms it. So that's why I would be against it.
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- 2 I certainly support everything that's in
- 3 here substantively, but I just think it just -- it
- 4 jeopardizes, I think, our chances of our messages on
- 5 the DOE program being taken seriously.
- 6 MR. OLSEN: That's what we discussed
- 7 this morning. That's my main concern.
- 8 CHAIRWOMAN SPIELER: I think there are
- 9 kind of two issues in front of us. One is
- 10 substantively -- the substantive positions that are
- 11 fairly inconsistent of the members of the committee.
- 12 And the second is that, by and large,
- 13 the rest of this letter is endorsed by consensus and so
- 14 the question is: Are we comfortable including a
- 15 component that isn't endorsed by consensus, whether it
- 16 be for strategic reasons or otherwise, in a letter that
- we're otherwise essentially willing to send out?
- 18 And I look to the committee for quidance
- on how we should do this. Glenn?
- 20 MR. SHOR: You mentioned at the
- 21 beginning that we're too late to get comments to the
- 22 Secretary of Labor on the regulations, but I wonder
- 23 whether we're too late to send a letter to the
- 24 Secretary of Labor and cc the Secretary of Energy that
- $\,$  25  $\,$  these are our concerns with the program as it now

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1 stands and that we are -- we are an advisory committee
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- 2 to the Department of Energy and not to the Department
- 3 of Labor, but it's come to our attention that these
- 4 things affect the program and that's why we're sending
- 5 the letter.
- 6 MR. ELISBURG: Well, you know, we really
- 7 talked about that at the get-go, Glenn, and the advice
- 8 we received from the staff, when we sought it out, was
- 9 that it would not be appropriate as an advisory
- 10 committee to the Department of Energy to directly
- 11 comment on these regulations as an advisory committee
- 12 to the -- it shouldn't specifically as an advisory go
- 13 directly to the Department of Labor, but that it would
- 14 certainly be appropriate if we wanted to let the
- 15 Secretary of Energy know of our views with respect to
- 16 what the Department of Labor was doing.
- 17 So that's what we've done. Now, I
- 18 appreciate the -- the points that are being made by
- 19 Greg and John and Mark, and frankly, I think that it is
- 20 a close call. And I think that, you know, you could
- 21 probably make an argument that -- or at least the
- 22 argument I might make if I were to go -- not
- 23 necessarily go the other way, but to forego the points
- 24 to the Department of Labor are that there have been
- 25 rather extensive comments by interested parties already

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on those regulations covering every one of the issues
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- 2 we're covering so that it -- our comments are kind of
- 3 cumulative.
- 4 But I think that if you went that
- 5 route -- I'm not suggesting you should, but if you went
- 6 that route, I think it would behoove us to make clear
- 7 in some other fashion to our friends and colleagues
- 8 from the staff sitting out there that the advisory
- 9 committee is ticked at some of the things the Secretary
- 10 of Labor is doing so that they can let the Department
- of Labor know where the -- where the group stands on
- 12 the substance.
- 13 And I think that's important because you
- 14 know that there has been a strong request to the
- 15 Department of Labor to appoint an advisory committee
- under this statute. And the excuse that has really
- 17 come back as to why they did not appoint an advisory
- 18 committee to that program was that, Well, DOE already
- 19 has an advisory committee and they are doing the same
- 20 things anyway. You know, so -- so it's -- you know,
- 21 you sort of meet yourself coming through the door here.
- 22 I say that with, really, respect for the
- 23 point that you all are making about, you know, how much
- ground do you want to cover here in order to get the
- 25 attention that we need and so forth. I just -- that's

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1 my observation about it.
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- 2 CHAIRWOMAN SPIELER: Greg?
- 3 DR. WAGNER: I mean, I would really
- 4 concur that we seek another mechanism to express these
- 5 concerns and that we do focus on the strategic issues
- of getting our primary concerns about DOE activities in
- 7 front of the Secretary.
- 8 CHAIRWOMAN SPIELER: Kathryn.
- 9 DR. MUELLER: I agree with Greg. I
- 10 think that it's not that we don't want to get some
- 11 message across to the DOL, but I think we can put it in
- 12 the same letter that what we're saying is a fundamental
- 13 problem that will not make this program work. It does
- 14 muddy it.
- When I get letters like that and it's
- got 30 laundry items in it, I lose track of what it is
- 17 that I want to focus on. I think it should be
- 18 separated out and commented on somehow separately.
- 19 MR. ELLENBERGER: I think it's a
- 20 question of tactics. We really haven't discussed the
- 21 components of our comments on the DOL regs, but
- 22 assuming that --
- 23 CHAIRWOMAN SPIELER: Actually, my
- 24 understanding from the comments I've gotten outside the
- 25 meeting is that it's not a substantive disagreement.

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1 MR. ELLENBERGER: So then it's a
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- 2 question of how we proceed tactically. And I agree
- 3 with Don that it's a close call. That the point John
- 4 made and Greg made is a valid one, as Kathryn has just
- 5 pointed out, and could confuse and, if not confuse,
- 6 confound the real import of what we're trying to say on
- 7 issues under the Office of Worker Advocacy.
- 8 So if we wanted to pursue an
- 9 alternative, one might be for us to simply take the
- 10 portion on the Department of Labor rules out of the
- 11 letter and, instead, make it a recommendation of the
- 12 committee.
- We're going to be in a little bit of
- 14 quicksand because we don't have much leadership. You
- 15 have the Office of Worker Advocacy to convey to the
- 16 Department of Labor that the committee has some
- 17 strongly held viewpoints about the rules that we wanted
- 18 to convey to them. They weren't at this meeting.
- 19 Otherwise, we would convey it to them directly.
- 20 CHAIRWOMAN SPIELER: Another
- 21 alternative, perhaps, is that we send a separate letter
- 22 to the Acting Assistant Secretary, asking that these
- 23 issues, including the issues of the letter, be
- 24 communicated to DOL through both the working committees
- and through the appropriate channels.

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1 MR. ELISBURG: I agree with that.
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- 2 MR. ELLENBERGER: That would be
- 3 acceptable to me.
- 4 MR. BURTON: Sounds good.
- 5 CHAIRWOMAN SPIELER: So, then, we've
- 6 kind of resolved that issue. It'll be removed from
- 7 this letter.
- 8 DR. MARKOWITZ: A separate letter goes
- 9 out to the Assistant Secretary?
- 10 CHAIRWOMAN SPIELER: I said the
- 11 Assistant Secretary because I thought sending the
- 12 Secretary two letters would be perhaps even worse than
- 13 including it in one. So -- I think that the best we
- 14 can do is ask that the concerns be communicated to DOL
- 15 from the interagency group.
- MS. KIMPAN: Just a logistical question
- 17 since we're now talking about a document that none of
- us have seen and is not in the record, can we have
- 19 access to it for people that might look at this later?
- Is this part of the public record now?
- 21 CHAIRWOMAN SPIELER: No. It's not part
- of the public record. It's something that's been
- 23 communicated to members of the committee. It's being
- 24 redrafted, so we don't have a copy of it. So it's not
- 25 to be included in the record of the meeting.

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1 MS. KIMPAN: Sort of like the proposed
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- 2 rules, only different.
- 3 CHAIRWOMAN SPIELER: Similar to proposed
- 4 rules.
- 5 MS. KIMPAN: It's almost public, but not
- 6 public enough for us. When it's appropriate, might we
- 7 see such a document?
- 8 CHAIRWOMAN SPIELER: Glenn suggests that
- 9 we pool all of our unseen documents in one place.
- 10 MR. BODEN: How about a trade? How
- 11 about we meet at midnight in a parking lot and we'll
- 12 hand you our letter and you hand your proposed --
- 13 MS. KIMPAN: Last seen on the Super
- 14 Shuttle. Plain brown paper.
- MR. BURTON: You show me your rule and
- 16 I'll show you my letter.
- MS. KIMPAN: That's it. Exactly.
- 18 CHAIRWOMAN SPIELER: But I can assure
- 19 you that there's -- there's a long cc list on the
- 20 letter, so ...
- MS. KIMPAN: Oh, good.
- 22 CHAIRWOMAN SPIELER: Okay. So that
- 23 resolves the DOL comment question. And the -- the -- I
- 24 mean, the letter essentially reflects, as everyone who
- $\,$  has seen a prior draft knows, the recommendations that

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1 have come from this committee in the past with regard
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- 2 to the functioning of the program, which -- which have
- 3 been discussed and proposed and, in some ways, perhaps,
- 4 we have -- the committee has felt not fully responded
- 5 to. Not at all because of the efforts of the staff of
- 6 OWA, but because of perhaps transitional issues in the
- 7 Department of Energy, so it seemed appropriate to the
- 8 committee, as we said in prior meetings, that we should
- 9 raise it at the highest levels.
- 10 So Mark has some concerns about -- I
- 11 think they go to some of the core of some of the issues
- 12 that have been before this committee in the past, I
- 13 quess, because we've discussed them a variety of times
- in terms of our feeling that cases should go to the
- 15 physician panels, be uniformly reviewed, and then,
- 16 based on the physician panel recommendations, that
- 17 they -- the Department of Energy should pay the claims
- 18 without respect to the available defenses were they to
- 19 be raised in the litigation of claims within the State
- 20 arena.
- 21 And I -- I think you've expressed some
- 22 concerns about that and I wonder if you would like to
- 23 raise those with the committee as a whole.
- MR. OLSEN: Sure. Let me address the
- 25 first one. Based upon the narrowing of this uniform

1 standard that we discussed earlier, I don't have a

- 2 problem with that.
- 3 CHAIRWOMAN SPIELER: And the
- 4 communication will fully reflect the discussion this
- 5 morning.
- 6 MR. OLSEN: The medical causation, I
- 7 don't think is at all inconsistent with the statute,
- 8 actually, but that shouldn't preempt State law, legal
- 9 causation issues that I don't think the statute really
- 10 addresses. And see, that's my bottom line concern.
- 11 Make sure that -- that whatever we recommend --
- 12 whatever the committee recommends to the Department of
- 13 Energy and whatever the Department of Energy does or
- 14 any Federal agency involved with this does in carrying
- out the legislation is true to the legislation.
- And I don't see anything in the
- 17 legislation -- in fact, quite to the contrary -- where
- 18 it discusses the system of State law. I don't think
- 19 the legislation at all contemplated a waiver of those
- 20 State law defenses. And if -- if -- if that's the
- 21 outcome we want, I think that's something for the
- 22 legislative branch to do, not for the executive branch
- 23 and rule maker to do.
- 24 CHAIRWOMAN SPIELER: Discussion?
- 25 Response?

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                     MR. BODEN: It seems to me that there
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      are two separate issues here. And one has to do with
 3
      sort of legislative intent, and I don't know that we're
      prepared to discuss that at this point. I'm certainly
 4
 5
      not prepared to sort of look at it as if we were a
 6
      Federal court trying to figure out what the intent of
 7
      the -- of the act was.
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                     There's another set of questions, I
 9
      think, that are practical questions. Now, I'm putting
10
      myself, Mark, in your shoes and your shoes may not fit
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     me at all or my feet may not fit in your shoes. But,
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      certainly, one concern is that -- one practical concern
13
      that I would have were I working for or representing a
14
      contractor is that we are essentially proposing that
15
      contractors pay claims without -- we've talked about
16
      proposing that contractors would pay claims and not
17
      raise defenses, but that they also would be held
18
      harmless for paying those claims by contracting and
19
      payment mechanisms to be worked out with the DOE.
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                     I guess my concern would be if I were in
21
      a contractor's shoes, that half of that bargain would
22
     be filled in the actual implementation and that I would
23
      end up paying, but not being held harmless. And --
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                     MR. OLSEN: That's a risk to
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25 contractors.

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1 MR. BODEN: That's exactly what I'm
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- 2 saying. And so I guess -- I mean, I'm looking at this
- 3 from a practical perspective. And I'm less certain
- 4 about what the intent of the law was, although I think
- 5 I know what the intent was of the people in the DOE who
- 6 started this process going.
- 7 So I -- I don't know how to -- how to
- 8 discuss those two things together or separately, but it
- 9 seems to me that they are both issues.
- 10 CHAIRWOMAN SPIELER: Don.
- 11 MR. ELISBURG: Emily, I -- I would
- 12 have -- and I still think that what was intended was
- once the doctors sign off, the Department of Energy
- 14 would direct the contractor to pay and the issues of
- defenses and so forth would never come up, just as if a
- 16 contractor decides that somebody has been hurt and pays
- 17 the claim, many of the defenses and issues and
- 18 compensability issues just never come up on a claim
- once you decide to voluntarily pay.
- So, you know, there's nothing wrong with
- 21 that. And the nexus for doing it was a determination
- 22 by the Department of Energy or its NIOSH panel,
- 23 physicians' panel that what happened to this person was
- 24 work-related. That would be sufficient to pay, forget
- 25 about all the nuances in the individual states. You

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1 never have to reach it. That's my sense.
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- Now, on the other hand, I'm a little
- 3 concerned about even addressing the second part of it.
- 4 I mean, we now have to sort of settle how we would like
- 5 what the physician panel responsibility to be and I
- 6 think that's important to get across to the Secretary
- 7 of Energy.
- 8 The second part about all the nuances
- 9 with the State law, I'm wondering whether we are able
- 10 to appropriately address it because we don't know
- 11 what's in the proposed rule. And I'm a little
- 12 concerned that -- the way Steve Cary was describing it
- 13 a bit to us today is that the rule is going to talk
- 14 about on the one hand and on the other hand and you
- 15 could do it this way or you could do it that way and
- 16 what do you folks think.
- 17 And so I'm a little concerned about
- 18 deciding to tell the Secretary of Energy what we think
- 19 when we don't know what question is being asked.
- 20 You know, the first seven months of this
- 21 exercise were a bit more -- more precise and you could
- go A or B, but I'm not sure as the lawyers -- God bless
- 23 them -- have gotten into the process, that we're still
- 24 dealing with A or B. We may be dealing with another
- 25 alphabet here and a lot of other dimensions and issues

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1 as this thing is going through the process.
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- 2 That leaves us perhaps commenting not
- 3 quite with all the full deck. I just throw that out as
- 4 a concern I have.
- 5 MR. BURTON: Well, just as a logistical
- 6 matter -- let me see if I understand the implications
- 7 of your remark. Now, Emily is obviously trying to get
- 8 this letter out this week.
- 9 CHAIRWOMAN SPIELER: Really, it should
- 10 have gone before now, so ...
- 11 MR. BURTON: I understand. On the other
- 12 hand, if the rules are going to be out in another week,
- 13 I guess the question -- I read Don as saying there's
- 14 a -- it doesn't make sense to hold those letters until
- 15 the regs are out.
- MR. ELISBURG: I'm not suggesting we
- 17 send the letter truncated a bit on that issue and then
- 18 separately address that issue having to do with the
- 19 States' rights when that issue has been at least
- 20 fleshed out in the proposed rule.
- 21 I mean, we were sitting, writing this
- letter with what we perceived to be essentially the
- 23 draft that DOE was going forward with -- that was the
- 24 basis for the Laura Welch's letter. That's the basis
- for much of what our concerns are. What we're being

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1 told now is don't bet the rent on that issue. That it
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- 2 may be handled differently.
- 3 MR. BODEN: Can I ask a question about
- 4 the proposed rule? Does the proposed rule deal with
- 5 post-physician panel decision making in any way?
- 6 MR. FALCO: I think it -- basically, it
- 7 has some language on review -- on an appeals process.
- 8 MS. KIMPAN: It definitely deals with
- 9 these parameters of States and asks for comment on
- 10 which and what criteria ought to be considered,
- 11 including as relates to the MOU, as relates to our
- 12 procedures.
- 13 CHAIRWOMAN SPIELER: Here's my concern
- 14 and I -- I'm kind of logistically flummoxed, quite
- 15 frankly. This rule is going to come out and there's
- going to be a 30-day period to comment on it. The
- 17 advisory committee -- which I think the way this
- 18 usually works is the advisory committee isn't in once
- 19 there's a written proposal, but, rather, before there's
- 20 a written proposal in the development of the concepts.
- 21 And clearly, that hasn't happened here.
- 22 And so there -- we have a number of options because
- 23 we're not going to meet during -- during the 30-day
- 24 comment period, which makes it difficult for the
- 25 committee to hash out any areas of potential

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1 disagreement. So I was actually -- as I was working on
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- 2 redrafting this letter from 5 to 8 this morning --
- 3 didn't make it -- was beginning to conceptualize it as
- 4 this is the input we would have given you if you had
- 5 asked us for it at the right point in the process.
- 6 That is, we actually have strong
- 7 feelings about this and advice to offer and we would
- 8 like it considered. And I think at this point, I would
- 9 add to the letter "and will be offering specific
- 10 comments on the specific rule."
- 11 So the question, I quess, that's -- and
- in most regards, I think the letter is appropriate to
- 13 that task. The question that's before us is this very
- 14 specific and difficult one of -- and I think I would
- formulate it this way: DOE as essentially the
- 16 employer, although not necessarily nominally the
- 17 employer, financially the employer in terms of the
- 18 payment of these claims, has to make a decision as the
- 19 employer as to how to deal with claims that, in some
- instances, may push the envelope on what would be a
- 21 litigated result and in other instances wouldn't.
- 22 And I think employers make that -- those
- decisions or TPA's for insurers make those decisions
- 24 every day in states. Should I litigate this case. The
- 25 guy filed it two days after the statute of limitations,

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1 but he's been a good worker. I could waive the statute
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- 2 of limitations defense in this claim because I want him
- 3 to continue to be a good worker.
- 4 You know, people make those decisions
- 5 all the time in the State worker's comp systems and
- 6 they aren't apparent because they are not litigated and
- 7 so there's no sort of public decision or logic that's
- 8 out there to be reviewed. They are made on a case-by-
- 9 case individualized basis based on personal
- 10 relationships and firm norms. And I think it's
- 11 entirely appropriate for this committee to say the firm
- 12 norms for DOE should be X. And if we think they should
- 13 be -- they should consider State law, that would be one
- 14 thing. Or if we think they should consider some
- aspects of State law, not others, that would be
- 16 appropriate. Or if we think that they -- that DOE,
- 17 because of the history -- you can tell where I'm
- 18 going -- of failure to pay these claims should maybe
- 19 establish a new firm law that's more liberal than
- 20 usual, that would be an alternative.
- 21 And I think it's an -- I personally
- think it would be appropriate to take a position on
- 23 that large issue in this letter, even without seeing
- 24 what the specific questions are that are being raised.
- 25 And it can be formulated that way in the letter with,

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1 you know, the -- and we'll be offering you specific
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- 2 comments to the extent that the committee can formulate
- 3 them between meetings to the rules that you -- you
- 4 provided. But I -- so that's sort of where I am about
- 5 this.
- 6 Thoughts? Should I take a stab at it?
- 7 Send it out? Do you all want to boot up tomorrow
- 8 morning and stare at what I've come up with?
- 9 MR. BURTON: Let me go back to -- kind
- 10 of react to something Mark said. I think this is
- 11 probably an issue a bunch of us are struggling with.
- 12 On the one hand, I don't think the intent of this
- 13 legislation was to overtly override State law. In the
- 14 preemption sense, that could have been done if they
- 15 wanted to do that. And I think we need to -- we
- 16 need -- we probably need to say that. We're not
- 17 alleging that their State law is preempted to the
- 18 extent it's consistent with whatever.
- On the other hand, what I hear you
- 20 saying is that once these determinations are made by
- 21 the medical panel, that employers, carriers retain
- 22 their rights, okay, which is -- which I agree with,
- 23 then they are going to exercise them.
- 24 The problem with that -- that's
- 25 implicit, I guess, in what you were saying. If that's

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what's going to happen, then it seems to me that we're
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- 2 going to end up essentially replaying cases that have
- 3 already gone through the States and have been turned
- 4 down, we're -- once people who get their expectations
- 5 up that this is something different and then they are
- 6 going to lose again.
- 7 And it didn't seem to me that could have
- 8 been the intent or should -- it's logically to me the
- 9 intent. It seems to me the intermediate thing is we're
- 10 going to go to people like Mark and say, Look, we know
- 11 you've got a right to fight this claim, but we
- 12 understand the spirit of the law being that you won't
- 13 fight it because these are people who have legitimate
- 14 work-related conditions as certified by these panels.
- Now, if we need to -- in order to get
- 16 that position across to say we, as a committee,
- 17 recognize that this has got to be done in a way that
- doesn't adversely affect insurers or employers, I'm
- 19 even prepared to couple this -- this is back to kind of
- 20 what Les said -- if what's necessary to get cooperation
- 21 here is explicit reimbursement for carriers and
- 22 employers as a way to make this thing work in a way
- that's consistent with the intent and doesn't adversely
- 24 affect employers, then I am prepared to endorse that,
- 25 as well.

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1 MR. OLSEN: My main concern is, really,
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- 2 we've got a pretty vague statute and I'm wanting to
- 3 avoid inconsistent outcomes.
- 4 Let's take -- let's take my site, for
- 5 example. Under the statute, once a physicians' panel
- 6 makes a determination of causation, then it makes a
- 7 recommendation to the Secretary of Energy to pay this
- 8 claim or there's causation and, therefore, do your
- 9 thing and pay it.
- 10 If the Secretary of Energy decides it
- 11 wants to direct the contractor to pay it, then, at
- 12 least as far as my contractor goes, if he directs us to
- pay it, we're not going to fight it because, if we do,
- 14 the costs are unallowable. We're not going to incur
- inallowable costs, pure and simple.
- You're not going to be able to do
- 17 that -- contrast that situation with the situation with
- 18 Rocky Flats where you've got real insurance. The
- 19 Secretary of Energy is not going to tell that carrier
- 20 pay it. Otherwise -- or not going to be able to tell
- 21 Kaiser Hill to direct its insurer to pay it because if
- 22 you do, then Kaiser Hill is put in a position of either
- 23 breaching a contract with the Department of Energy or
- 24 incurring a claim with its carrier that you know darn
- 25 well they are going to get sued. Pure and simple, they

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1 are going to get sued because Kaiser Hill will be
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- 2 breaching its contract -- insurance contract with the
- 3 carrier.
- 4 MR. ELISBURG: Not if they make Kaiser
- 5 Hill whole. The whole --
- 6 MR. OLSEN: So --
- 7 CHAIRWOMAN SPIELER: They seem to think
- 8 it was possible to pay the claim outside the contract
- 9 of the carrier.
- 10 MR. OLSEN: That's what it's going to
- 11 have to be. But then you've got somebody at the
- 12 Department of Energy, whether it's the procurement
- 13 executive, DOE headquarters, or individual contracting
- 14 officers at the various field levels putting their
- 15 warrant on the line, going on record as saying, Yep,
- 16 this is an appropriate thing to do with appropriated
- 17 funds.
- MR. ELISBURG: Absolutely.
- 19 MR. OLSEN: If they are prepared to do
- 20 that, I don't really care.
- 21 MR. ELISBURG: I think that's got to
- 22 flow.
- 23 CHAIRWOMAN SPIELER: Which is what we've
- 24 been saying all along.
- MR. OLSEN: But I think you're going to

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1 have some nervous contracting officers.
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- 2 MR. ELISBURG: It just seems to me that
- 3 we have as a subcommittee -- and the whole point of the
- 4 contract subcommittee was to try to lay out those
- 5 caveats, those concerns. And that's why we've said
- 6 that order 350 -- whatever it is -- standing by itself,
- 7 in our general view of the procurement process, doesn't
- 8 make you, as contractors, out of your comfort zone
- 9 because of all these nuances, but I think that if -- it
- 10 seems to me that -- that the kinds of caveats we're
- 11 talking about are appropriate to include in the letter
- 12 making clear that, you know, if the Department of
- 13 Energy says pay it, coupled with that is a
- 14 responsibility to make sure that the contractors are
- not hurt with respect to their ongoing obligations in
- 16 business.
- 17 MR. OLSEN: So the bottom line is you're
- 18 going to have GAO sniffing around, second-guessing, as
- 19 they typically do, DOE decision making.
- 20 The third area of concern is contrary to
- 21 our cost reimbursement contract with the Department of
- 22 Energy, historically, our subcontracts -- as you
- 23 recall, subcontractor employees fall within the
- 24 definition of DOE contractor employee within the
- 25 statute. Historically, almost 100 percent have been

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fixed price contracts and the cost of their worker's
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- 2 comp program has been built into the price of that
- 3 subcontract.
- Well, if we now -- if the M&O
- 5 contractor, cost reimbursement contractor is now going
- 6 to be paying the claims of subcontractors as opposed to
- 7 telling the subcontractor employees, No, you go back to
- 8 your employers's comp carrier, you don't come to us,
- 9 that's another area where GAO could be second-guessing
- 10 DOE of creating a public risk when the legislation is
- 11 not sufficiently clear to authorize them to do so.
- MR. ELISBURG: What's the consequence?
- 13 The consequence is GAO says, Don't do it again.
- 14 Congress either says, Keep doing it or don't do it.
- 15 When the -- when the agency directs you to
- do something, you, as a contractor, do it. You're off
- 17 the hook, regardless of what GAO says.
- 18 MR. OLSEN: We're clearly off the hook.
- 19 MR. ELISBURG: Down the road -- if, down
- 20 the road, this whole house of cards collapses, it
- 21 collapses on the Secretary of Energy; not on the
- 22 contractor.
- 23 MR. OLSEN: Or some people who signed
- off on the dotted line saying that. So it has career-
- 25 limiting implications.

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                     CHAIRWOMAN SPIELER: Here, I --
                     MR. OLSEN: It could have.
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 3
                     CHAIRWOMAN SPIELER: This is kind of an
      interesting conversation because the contractor
 4
 5
      subcommittee has come up with a fairly complex proposal
 6
      on a variety of issues around procurement, but
 7
      including a pilot proposal. The response we got back
 8
      from procurement from OWA is we don't need any of this
      because we don't need a pilot, when, in fact, large
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10
      components of the original proposal were an attempt to
11
      raise some of the issues that Mark is raising now.
12
                     And I think maybe the subcommittee needs
13
      to reraise the issues that were in that original
14
      document separately, saying, Okay. Don't do the pilot,
15
      but what about these five other issues that were in
16
      that draft that have never been addressed and remain
17
      issues.
                     To go back to this issue of this
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19
      particular letter, is there any guidance from the --
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                     MR. ELISBURG: Perhaps you can, in this
21
      letter, without talking about defenses and so forth,
22
      talk about the fact that the triggering of the -- of
23
      the payment through the medical determination creates a
24
      number of procurement issues that seriously need to be
25
      addressed because of the complexity of Department of
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1 Energy's contracting and the long history and
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- 2 relationships with subcontractors, dah-dah-dah-dah-dah.
- 3 And that it is important for the -- the integrity of
- 4 what they are trying to do that these issues be
- 5 resolved so as to protect the contractors who are being
- 6 directed to pay claims that may have been incurred long
- 7 before they ever showed up.
- 8 MR. SHOR: I think we have gone halfway
- 9 there in -- in the --
- 10 MR. ELISBURG: That's better than it
- 11 usually is.
- 12 MR. SHOR: In the previous page to where
- 13 we were talking about the physician panels, we are
- 14 talking about the contractor reimbursement procurement
- issues and we do make those points. We just haven't
- 16 made them again with respect to the physician panels.
- I think we just have to add something in
- 18 there to say look back to what we just told you. These
- 19 are complicated contractor things. What you need is
- 20 more money in the contracts in order to pay these
- 21 claims.
- MR. OLSEN: More new money.
- MR. SHOR: More new money. I think
- you're right, because you can't hold somebody harmless
- 25 if you are expecting them to do what they were

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1 expecting to do before and something else.
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- 2 CHAIRWOMAN SPIELER: Or getting it.
- 3 MR. SHOR: So I think -- we do say those
- 4 words maybe somewhat vaguely in the previous section.
- 5 So linking those two, I think we can make this thing
- 6 work.
- 7 CHAIRWOMAN SPIELER: Okay. Then I think
- 8 I have the sense of the body on this and -- and I will
- 9 go back to my draft.
- 10 MR. BODEN: Trying to think about this,
- 11 forgetting for a moment that I'm a quizzical scientist,
- one problem that I see here is my understanding of DOE
- is that it is not a monolithic agency and that the
- 14 different parts of this agency act with a lot of
- independence from each other and that part of what
- 16 we're trying to construct here is something that
- depends on the coordinated activity of parts of the
- 18 agency that don't normally coordinate with each other,
- 19 to say the least.
- 20 And that for this to be successful, it
- 21 really requires, at a minimum, strong, central
- 22 commitment to doing certain things. And it seems to me
- 23 that a letter to the Secretary ought to focus on
- 24 principles and a rather small number of them. One of
- 25 the things that concerned me about the letter overall

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1 is it's longer than any letter that a Secretary
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- 2 normally reads. And that if we focused on the
- 3 principles and said that, Well, this committee does
- 4 have some specific ideas, but we don't really think
- 5 it's appropriate to bother you with them and that the
- 6 principles are, you know, are -- maybe they are more
- 7 than these, A, that if a physician panel says that
- 8 somebody has a work -- an illness that was caused by
- 9 their employment at DOE, that, generally speaking, that
- 10 it should be highly probable that that person gets paid
- 11 through the State worker's compensation system.
- 12 And that B, that in this process, both
- 13 people who have relationships with current contractors
- 14 and people who don't have such relationships, that
- 15 mechanisms need to be worked out for those people to be
- treated similarly with regard to once they have had
- 17 their physician panel approval.
- 18 And that, C, that current contractors be
- 19 held harmless in this process, both because it's the
- 20 right thing to do and because it would be hard to see
- 21 why they would cooperate with a process that was going
- 22 to damage them.
- 23 And that, you know, then the issue is
- 24 that -- that, really, the Department of Energy has to
- 25 come up with direction and we would be happy to help

1 with the details, et cetera, et cetera. Something sort

- of shorter and more to the point.
- MR. BURTON: It could be a short letter,
- 4 obviously, with an appendix that includes all the other
- 5 stuff that we were just --
- 6 CHAIRWOMAN SPIELER: I was just thinking
- 7 about that.
- 8 MR. BODEN: An appendix that he won't
- 9 read. It's going to get passed on to somebody else.
- 10 MR. BURTON: One-page executive summary.
- 11 CHAIRWOMAN SPIELER: Right.
- 12 MR. OLSEN: This kind of letter might
- avoid the irritation factor that John was talking
- 14 about.
- 15 CHAIRWOMAN SPIELER: Okay. I think I
- 16 have plenty of guidance. Watch your e-mail. It shall
- 17 be either there tonight or, if I'm tired, early
- 18 tomorrow with a very specific time line.
- 19 Okay. I'm going to move this meeting
- 20 along. I think that we owe it to our guests to open
- 21 our public comment period and hear from the people who
- 22 are here.
- So if there's anyone who would like to
- offer public comment, if you could come up to the mic
- 25 up front.

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1 MR. KOHLER: My name is Roman Kohler, a
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- 2 resident here in Westminster. I took retirement from
- 3 Rocky Flats after 27 years of work out there.
- I represent the Homesteaders, which are
- 5 the retiree organization in Rocky Flats. I do a
- 6 newsletter for these retirees. It goes out to about
- 7 1500 dues-paying members throughout the United States
- 8 and including Canada. You know, retirees tend to move
- 9 around. We've got some in Sun City, Arizona, Florida,
- 10 and little communities that I can't even pronounce the
- 11 names.
- I have to say that my newsletter is
- 13 probably one of the few communications they have with
- 14 things that are happening out there at the plant and,
- of course, now lately, it's definitions and
- 16 explanations about the Compensation Act.
- 17 I'd like to make a comment that --
- 18 first, to commend the committee on their
- 19 professionalism and the way they have been conducting
- 20 business today. Madam Chairwoman, your attention to
- 21 parliamentary procedure is very good. Very good.
- 22 I'd like to encourage the committee to
- 23 either recommend or encourage DOE and the Department of
- 24 Labor to expedite the CBD claims cases. People with
- 25 CBD, their work at the defense plants are the only

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1 place they could have received that exposure. These
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- 2 cases are cut and dried. They don't have to be
- 3 evaluated, you know, to an extent by a physicians'
- 4 panel. These cases should be expedited and people
- 5 should receive their compensation. It would also be a
- 6 big advantage and help to the Resource Centers to use
- 7 those payoffs as a public relations effort to -- so
- 8 that they can gain the trust of the past workers so
- 9 that other individuals who are contemplating filing
- 10 claims would then be able to see the honesty in the
- 11 program and then they will come forward.
- I think that would be a big help. I'd
- 13 certainly recommend that you make that type of a
- 14 recommendation to the agencies.
- 15 I also agree with your thoughts about
- 16 the Department of Labor to send a postcard in response
- 17 that when a claim has been filed that here is some
- 18 feedback to the claimant. Understanding that these
- 19 claimants, many of them are sick, elderly. Of course,
- some of the surviving spouses or dependents have only
- 21 minimal background knowledge about the work and the
- 22 exposures. Therefore, that type of feedback is
- 23 extremely important to them. So I'd encourage the
- 24 Department of Labor to do that.
- 25 I think that the dose reconstruction is

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1 extremely important. You know, exact details of how
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- 2 exposure was incurred is probably not necessarily of
- 3 the same importance as the fact that, you know, workers
- 4 moved around and they received exposure. That's what's
- 5 important. That's what may have contributed to the
- 6 cause of their illnesses. Exact details of how much
- 7 time they spent at one building or another may not be
- 8 of all that much importance. The fact is that they did
- 9 receive exposure. That is important.
- 10 Also, that the records that were kept,
- 11 you know, 30, 40 years ago are very haphazard at this
- 12 time. I worked in many areas out there. I received,
- 13 you know, dose reports either monthly or quarterly or
- 14 annually, depending on where I was working at the time
- 15 and it barely showed I received a dose. I was within,
- 16 you know, accepted limits. Hey, I kept receiving
- 17 these, you know -- you throw them away. They were
- 18 certain mills of information. There was no intention
- 19 at that time that I should save these, you know,
- 20 forever.
- 21 To now go back and try and, you know,
- 22 find that information is extremely difficult or almost
- 23 impossible for the worker themself. I think it's --
- you know, I guess it's going to be on the
- 25 responsibility of the Department of Energy to try and

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1 recover or reclaim this type of information. The dose
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- 2 reconstruction, of course, would be important in that
- 3 area.
- 4 I also think the committee can make a
- 5 recommendation to the Department of Energy to encourage
- 6 contractors to maintain the present health benefits.
- 7 That was brought up last night, also. I'm sure, as you
- 8 know, that the insurance companies are all making
- 9 proposals to increase rates and contractors all around
- 10 the United States are, you know, of course, expecting
- 11 to pass those increases on to the workers. I guess
- 12 active workers who are receiving pay and can receive,
- 13 you know, yearly increases in pay that can somehow
- offset that, but for those of us who are retirees on
- 15 fixed incomes, we have no way of compensating for that.
- 16 So it is important that contractors maintain health
- 17 benefits for past workers.
- The Compensation Act certainly
- 19 compensates people who have been made ill. The DOE has
- 20 admitted that people have been, you know, made ill
- 21 because of their exposure in their work. But the
- 22 Compensation Act is narrow, actually, for cancers or
- 23 for CBD. Yet, people are ill from many other
- 24 exposures, chemical exposures, and other things that
- are not included in that Compensation Act.

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1 Therefore, the health benefits are the
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- 2 only way they have to, you know, compensate for their
- 3 illnesses. So those health benefits are extremely
- 4 important and they should be maintained.
- I guess that's really all I have. I'll
- 6 accept any questions.
- 7 CHAIRWOMAN SPIELER: Questions? Maybe
- 8 you should put some of us on your mailing list.
- 9 MR. BLEA: I have a question. A quick
- 10 question. On your mailing that you do to your 1500
- 11 people, what happens -- has there been any feedback to
- 12 you of what they think about this program?
- MR. KOHLER: I think they are very
- 14 apprehensive about it and as brought out, you know,
- 15 earlier, people certainly do have a distrust of the
- 16 Government on, you know, whether they are actually
- 17 going to receive it or not. You know, we've heard
- 18 comments from people saying, Well, maybe my heirs will
- 19 receive that. It's going to take that long.
- 20 In the past -- what have they got to
- 21 base that on? In the past, if someone became ill, the
- 22 contractor denied worker's compensation. That was
- 23 their first, you know, action. You ask to -- say I was
- 24 made ill here. Can I get compensation, worker's comp.
- 25 And the first answer from the insurance provider was,

- 1 No, you're denied.
- 2 And many of our workers here at Rocky
- 3 Flats, even though they had chronic beryllium disease,
- 4 had to get a lawyer and file a legal complaint, go to
- 5 court before the company and the insurer would actually
- 6 accept and approve a worker's comp claim.
- 7 So that's what they are basing their
- 8 knowledge on is past practices.
- 9 MR. BLEA: Okay.
- 10 MR. KOHLER: And, you know, that's the
- 11 type of feedback I have received. And I try to put in
- 12 the newsletter the accurate information I receive here
- or other places.
- 14 And one thing I might bring out -- I
- 15 think it was very informative -- people feel, as was
- 16 brought out earlier, when they go to the Resource
- 17 Center, that they are filing a claim. Everything we've
- 18 read and have heard of is that when you go to the
- 19 Resource Center, you are filing a claim.
- 20 Well, this morning, I hear that's not
- 21 the truth. You're filing a file to file a claim. You
- 22 know, DOE -- or DOL is the one that's actually starting
- 23 the claim. So that's information I can pass on that I
- 24 think is important. It needs to be disseminated.
- DR. WAGNER: Have you done any

1 interviews with people in the Resource Center in some

- 2 way trying to gather information that you could
- 3 disseminate through your newsletter?
- 4 MR. KOHLER: Yes, I have an
- 5 article going in my next newsletter which is coming out
- 6 next month and that has been reviewed by Ray Malito. I
- 7 know all the people there.
- 8 DR. WAGNER: I figured you did.
- 9 MR. KOHLER: I worked with them for many
- 10 years. I think it's -- it's very encouraging, as you
- 11 heard from the people who have filed claims, you
- 12 know -- they are very happy with the Resource Center,
- 13 because, you know, the case workers are their fellow
- 14 workers: People who understand their plight, their
- illnesses, and are able to fill out the forms very
- 16 accurately because they have an understanding of all
- 17 the terminology and where the people worked and what
- 18 actions were carried on in each building.
- 19 Any others?
- 20 CHAIRWOMAN SPIELER: Thank you. We
- 21 really appreciate it. Is there anyone else who wanted
- 22 to offer comments to the committee this afternoon?
- 23 I'll ask one more time because I know that we did this
- 24 a little bit earlier than was on the agenda before we
- 25 quit.

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1 For the moment, I'm going to close the
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- 2 public comment period and take us back to the list of
- 3 items that I was running down before that I think we
- 4 need to resolve before another meeting.
- 5 First of all, and perhaps most
- 6 importantly, the physician panel rules are going to be
- 7 issued and the 30-day window for public comments and
- 8 the public hearing are all going to happen between this
- 9 meeting and when this committee is going to reconvene.
- 10 And for the majority of that period, I will probably be
- 11 completely out of touch.
- 12 So I would like to ask Steve Markowitz
- 13 if he is willing to take the lead for the committee, as
- 14 the chairman of the subcommittee on the physician
- panels, in formulating and responding to the proposed
- 16 rules. If you're willing to do that.
- DR. MARKOWITZ: Meaning what? What's --
- 18 what product are we interested in?
- 19 CHAIRWOMAN SPIELER: Well, I think there
- 20 are probably two, but I think this is up for grabs.
- One is that I think that it would be certainly
- 22 appropriate for you and other members of this committee
- 23 to appear at any public hearing and offer comments on
- 24 behalf of the subcommittee and the advisory committee,
- 25 assuming that you had the opportunity to circulate

- 1 something.
- 2 And the second would be to -- for the
- 3 committee in the committee's name, through you, to
- 4 provide written comments to DOE about any concerns,
- 5 whether they be large or section-by-section concerns
- 6 about -- and particularly to respond to the questions
- 7 that apparently are going to be included in this
- 8 proposed rule.
- 9 And I -- I think that -- my impression
- 10 is that -- I may be way off base, but my impression is
- 11 a lot of these questions -- the answers to a lot of
- these questions are things that we've already
- 13 discussed.
- 14 DR. MARKOWITZ: Meaning that I would
- draft a comment and send it to everybody for comment?
- 16 CHAIRWOMAN SPIELER: Or get someone else
- 17 to draft it. But, yes, it would be your monkey.
- DR. MARKOWITZ: And a -- a simple
- 19 majority of yeses --
- 20 CHAIRWOMAN SPIELER: Well, I think
- 21 that's something that we need to resolve explicitly
- 22 today.
- DR. MARKOWITZ: Yeah, I can do that.
- You know, as long as there's a workable process within
- 25 that time period.

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1 CHAIRWOMAN SPIELER: Yeah. One option
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- 2 would be also for us to ask your subcommittee to take
- 3 the primary lead so that, you know, if your
- 4 subcommittee can come up with comments that are -- that
- 5 you have a kind of consensus around, my guess is that
- 6 the likelihood of others signing off on it would be
- 7 higher.
- DR. MARKOWITZ: The hearing, I think, is
- 9 scheduled for the same day as Yom Kippur, which means
- 10 that I wouldn't be there.
- DR. WAGNER: The 27th.
- DR. MARKOWITZ: September 27th is Yom
- 13 Kippur.
- 14 MR. EAGAN: Due to the conflict with the
- Jewish holiday, the date has been tentatively
- 16 rescheduled for the 24th of September.
- DR. MARKOWITZ: Laura Welch also lives
- 18 here.
- 19 CHAIRWOMAN SPIELER: There.
- DR. MARKOWITZ: She lives this way. She
- 21 probably would be willing to go if I can't.
- 22 CHAIRWOMAN SPIELER: Is that process one
- 23 that the rest of the committee is satisfied with?
- 24 Okay.
- DR. MUELLER: I just want to suggest

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1 maybe what we could do is have a subcommittee
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- 2 teleconference that was open to all the other committee
- 3 members and anybody else who was really interested
- 4 could be in that discussion before you write the
- 5 commentary on the rule so people could have their
- 6 comments in before you draft it.
- 7 DR. MARKOWITZ: But if you think about
- 8 the time frame, we have to do that the next week.
- 9 DR. MUELLER: We would.
- 10 DR. MARKOWITZ: Do we need additional
- 11 comments? I can't write and draft anything --
- 12 CHAIRWOMAN SPIELER: Right. We can't
- 13 really figure this out till it's out.
- DR. MARKOWITZ: I don't think there's
- 15 enough time to see the draft when it comes out, then to
- 16 give people a week to read it, have a conference call,
- 17 then I draft something, and then get the approval of
- 18 everybody by September 24th.
- 19 DR. MUELLER: Okay. Draft it first
- 20 then. I just think it's a good idea to have a
- 21 telephone conference. I think --
- DR. MARKOWITZ: Why don't I draft it
- 23 when it comes out and as soon as it comes out, schedule
- 24 a conference call.
- 25 CHAIRWOMAN SPIELER: Okay. And I think

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1 that the record from this meeting should clearly
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- 2 reflect that we have agreed on this process so that
- 3 comments can be offered on behalf of this committee in
- 4 this intervening period and that the comments that will
- 5 be offered will be offered on behalf of the committee
- as a whole, so that the fact that there is not another
- 7 full physical meeting of this committee does not stand
- 8 in the way of our offering comments on those rules.
- 9 Okay. John, is there anything else you
- 10 need with regard to the contractor insurer subcommittee
- 11 public hearing? You've agreed that you will be the
- 12 point person for this committee on convening that and
- 13 running it.
- 14 MR. BURTON: I don't think so. I quess
- 15 the plan would be to do that probably in October.
- 16 Realistically, in September, we're not going to have
- 17 any time before that. So that would be the target
- 18 date. I'll have to work and see if we can find a date.
- 19 I visualize a one-day hearing, probably followed by a
- 20 meeting of the subcommittee and anybody else from the
- 21 whole committee who is there. So a day and a half or
- 22 something like that. I'll have to think about that.
- 23 CHAIRWOMAN SPIELER: But, again, the
- 24 committee is designating John Burton to act on our
- 25 behalf in the convening of this public hearing and

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1 organizing of it and to work with the OWA staff to do
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- 2 that.
- 3 There have been several issues that have
- 4 come up with regard to getting information from OWA to
- 5 the WAC over the next coming period and I would just
- 6 like to reiterate some of this and ask if there are
- 7 additional -- if there's additional information that
- 8 should be provided to this -- to the members of this
- 9 committee.
- 10 First of all, that as soon as the rule
- is available, it will be sent to us, together with,
- 12 obviously, the preamble and, also, the estimates and
- assumptions with regard to the DOE estimates of how
- 14 much this program is going to cost -- Subtitle D of
- this program is going to cost. Okay. Judy is nodding.
- Second of all, I think that there were
- 17 various discussions about internal reporting on claims
- 18 filing and claims processing and there was some
- 19 discussion about providing copies of that reporting on
- 20 some kind of regular basis to the committee.
- 21 The Assistant Secretary offered weekly
- 22 reports, which I'm not sure the members of this
- 23 committee would like, but it does seem to me that
- 24 perhaps monthly -- the monthly summaries that are
- 25 prepared internally with regard to claims processing,

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1 how many come in, what their status is, and so on, if
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- 2 that could be provided on a monthly basis to the
- 3 members of this committee, I think that might be
- 4 helpful. Would that be possible?
- 5 MS. KIMPAN: Yes.
- 6 CHAIRWOMAN SPIELER: Okay. Great. Is
- 7 there other information that this committee feels we
- 8 would like to have provided to us by OWA during this
- 9 intervening time?
- 10 Okay.
- 11 DR. WAGNER: Only as stated earlier,
- 12 the -- there's a contractor working on defining a
- 13 process flow and the specifics that -- of the
- 14 parameters that OWA is going to be tracking and as that
- develops, we'd like to receive drafts and be in
- 16 communication. Les would be taking the lead on that.
- 17 CHAIRWOMAN SPIELER: Right. Would Les
- 18 take the lead on that? Les, should that go to the
- 19 entire committee or to the members of your
- 20 subcommittee?
- MR. BODEN: What I'm hoping to do, I
- 22 talked to -- to Vern about this and he's going to talk
- 23 to his client in DOE. What I'm hoping to do is to
- 24 establish some sort of iterative process where he --
- 25 where they will give us information on how things -- on

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1 how things are unfolding from their end and we'll
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- 2 provide them with feedback.
- I think the subcommittee is small enough
- 4 that they could e-mail all four of us -- however many
- 5 there are, five -- and that we could provide them with
- 6 feedback. So that's what I envisioned.
- 7 If you have any other thoughts about
- 8 that, I would be, you know -- I'd be happy to
- 9 facilitate it, but I don't see any reason why I should
- 10 be the only person providing the feedback or why I
- 11 should be a bottleneck for other people to provide the
- 12 feedback.
- 13 CHAIRWOMAN SPIELER: You don't think
- 14 that the entire committee has to be involved in this
- 15 process at this point, do you?
- MR. BODEN: No, I don't. I think we
- 17 should try to be sensitive as a subcommittee, for
- 18 example, if physician panel quality control issues come
- 19 up that we should try at least to -- to solicit input
- 20 and maybe, Greg, you could be our sort of -- since
- 21 you're on both subcommittees, you could essentially be
- the liaison for those issues when they arise.
- 23 CHAIRWOMAN SPIELER: And for any State
- 24 agency or contractor insurer relations issue, John
- 25 Burton would perform the same function.

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1 MR. BODEN: Yes.
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- 2 CHAIRWOMAN SPIELER: Okay. Great. We
- 3 have outstanding the minutes from the prior meeting and
- 4 it would be helpful if sometime over the next, say,
- 5 four weeks, people could take a look at them and if
- 6 there are specific amendments you'd like to make, let
- 7 me know. Four to six weeks?
- 8 And finally, we need to -- Steve
- 9 suggested that we discuss the utility of coming to
- 10 Denver for this meeting, but we need to discuss the
- 11 sort of where and when of when this committee would
- 12 meet again. And I guess I would ask if there's any
- 13 thoughts about that from the OWA folks before we sort
- 14 of launch into a discussion here.
- MS. KIMPAN: We're thought free.
- 16 CHAIRWOMAN SPIELER: But, hopefully, not
- 17 while you're rewriting the rule. And not --
- 18 MS. KIMPAN: We're reserving our thought
- 19 for all of the other assignments.
- MR. BLEA: Jeff has a question.
- 21 MR. EAGAN: The only question is the
- 22 issue of the expenses of where meetings are placed
- 23 and --
- 24 CHAIRWOMAN SPIELER: Is it substantially
- 25 cheaper to do it in Washington?

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1 MR. EAGAN: Yes. Particularly, our
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- 2 administrative people have cited the ability to get
- 3 lower Government rate fares to bring committee members
- 4 to Washington as opposed to paying more market rate
- 5 fares --
- 6 CHAIRWOMAN SPIELER: I have to say I was
- 7 shocked by the cost of my ticket. I'm definitely --
- 8 MR. EAGAN: Costs are up, and this is
- 9 a -- I'll just say this is a -- a concern of our
- 10 administrative and financial people.
- 11 MS. KIMPAN: We're also unable to invite
- 12 other people.
- 13 MR. BODEN: I'm on other committees
- 14 where I have gone to locations that were not
- 15 headquarters locations for committee meetings and the
- 16 Federal agency has bought my ticket at Federal agency
- 17 cost. So I'm a little puzzled --
- 18 MS. KIMPAN: It's about the logistics, I
- 19 believe, and you know, we're sort of combining what we
- 20 know about it and none of us is an attorney. We have
- 21 different constraints if we're holding it outside of
- 22 D.C. So we can use different kinds of ability to
- 23 purchase tickets and we can invite other people and the
- 24 like.
- I believe if it's held locally -- if we

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1 are all traveling to here, I think we must do things
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- 2 differently and that the effect of that is increasing
- 3 the price. I don't know that --
- 4 CHAIRWOMAN SPIELER: In any event, let's
- 5 not spend our time on this, please, because we have a
- 6 limited amount of time. I was going to suggest, in any
- 7 event, in order to cut this short, given my own
- 8 personal circumstances, that we meet in Washington next
- 9 time.
- MR. EAGAN: Or Ireland.
- 11 CHAIRWOMAN SPIELER: Yes, I know you all
- 12 want to come to Ireland where I will be. But that
- 13 aside --
- MR. SHOR: Meet you halfway.
- 15 MR. ELISBURG: I would like to say,
- 16 though, that, you know, I think maybe the next meeting
- in Washington would make sense, but I think the
- 18 field -- idea of the field meeting and the idea of
- 19 coming out here and the idea of being able to hear the
- 20 people who are really the beneficiaries of this program
- 21 and being able to meet the staff people who are working
- 22 on this, it was an enormous value, and I think it's
- 23 something that ought to be done at least periodically.
- 24 CHAIRWOMAN SPIELER: I agree.
- MR. ELISBURG: To that extent, I think

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1 this was an excellent idea to be able to come out here
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- 2 and both have the public -- public session and the
- 3 ability to go actually see what's going on in the
- 4 offices.
- 5 CHAIRWOMAN SPIELER: I actually agree
- 6 with that. And I think that it was certainly of value
- 7 to me to be outside of Washington and seeing the
- 8 Resource Center and talking to people. Perhaps not
- 9 quite as many as we hoped, but talking to people in the
- 10 field. And so I absolutely agree, as chair, that,
- 11 periodically, this is something we should do. Steve?
- 12 DR. MARKOWITZ: I agree with the idea.
- 13 I think just the execution in this case was limited.
- 14 The turnout last night was very -- it was extremely
- 15 valuable hearing from the people who did come, but they
- 16 were half a dozen people. Maybe timing was bad because
- 17 it was a month before the meeting here or the office
- 18 just opened and it's only a few weeks into it, but
- 19 whatever happened, there should have been more advance
- 20 work done to bring people so we could hear from them.
- 21 I don't think most of our conversation
- today was highly influenced by what we heard last
- 23 night, so I agree with the idea. I'd just like to see
- 24 more effort put in actually benefiting from it.
- 25 CHAIRWOMAN SPIELER: I think the next

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1 time we do it, we should talk some about how the
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- 2 advertising should be done for the public components.
- 3 We really don't need to do that today if there's
- 4 consensus that our next meeting should be in
- 5 Washington. Is that fair? The next meeting in
- 6 Washington?
- 7 MR. BODEN: Yes.
- 8 CHAIRWOMAN SPIELER: It sounds to me
- 9 like it'll probably be November or December.
- 10 MR. BURTON: When are you getting back?
- 11 CHAIRWOMAN SPIELER: I won't be back.
- 12 The question would be -- and I had this conversation
- with Paul Seligman and I would have to have it
- 14 personally, I think, with the OWA staff as to whether I
- would come back for a meeting. And that would depend
- on whatever arrangements we could make. And if I were
- 17 to come back, my request would be that if it's going to
- 18 be a two-day meeting, much as some of you might not
- 19 like this, I would like to have it on a Friday and
- 20 Saturday because my teaching obligations are going to
- 21 mean that, otherwise, it's going to be a problem for
- 22 me.
- I could do that, but I don't know what
- 24 the travel regulations are. And otherwise, I won't be
- 25 back until the first of January. So -- but my

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1 suggestion, I don't think this committee should not
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- 2 meet until 2002 because of my personal luck so -- so
- 3 I -- what I would suggest is that we agree that we
- 4 would either meet in sort of shortly before
- 5 Thanksgiving or shortly after Thanksgiving and we
- 6 attempt -- does that make sense? And that we
- 7 attempt -- work with OWA to find some dates. And I'll
- 8 correspond with them with regard to whether they are
- 9 willing to bring me back and if not, I'm sure that you
- 10 can agree on a temporary chair.
- 11 MR. BURTON: If you write the right kind
- of letter, Emily, some of our problems about thinking
- 13 about meetings --
- 14 CHAIRWOMAN SPIELER: So before we
- 15 adjourn, though, I called the public comment period
- 16 early and I would like to reopen the public comment
- 17 period and ask if there's anyone here who would like to
- 18 offer public comment to the committee with regard to
- 19 the committee's deliberations about the worker's
- 20 compensation issues for the Department of Energy.
- 21 MR. ELISBURG: Before we adjourn, I have
- 22 one thing.
- 23 CHAIRWOMAN SPIELER: Well, given that,
- 24 then I will again close the public comment period and
- 25 recognize Don Elisburg.

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1 MR. ELISBURG: Did we thank all the
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- 2 staff people?
- 3 CHAIRWOMAN SPIELER: I was going to do
- 4 it. Sometimes the -- the work on this committee has
- 5 been contentious and frustrating and, particularly, I
- 6 think that has happened in subcommittee meetings. I
- 7 want to reiterate what I said in past meetings, which
- 8 is I don't think there's a person on this committee who
- 9 doesn't deeply understand how hard the OWA staff are
- 10 working and how difficult this transitional period has
- 11 been and that to the extent that the committee is
- 12 critical of some of the things that have happened, that
- 13 criticism is truly not directed at any of you, but at
- 14 our frustration and wanting to make this really the
- 15 best program that it can be for DOE workers who raised
- 16 their concerns over the past few years.
- So on behalf of the committee, again,
- 18 I'd like to thank the staff of the Office of Workers
- 19 Advocacy for all the work you do both for us, which I
- 20 would say is secondary and, more importantly, for
- 21 getting this program up and running for the workers who
- 22 are depending on it.
- 23 I'd also like to thank the others of you
- 24 who have come both last night and today for offering
- your thoughts, your concerns, and your observations

1	because I think it really does help us in thinking
2	about how to make this a better program and what kind
3	of advice to give to the Department of Energy.
4	Is there anything else that anybody on
5	the committee would like to say before we adjourn?
6	Okay. Then we are adjourned and thank
7	you all for coming.
8	(The meeting was adjourned at 2:12 p.m.)
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